MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06183	CERTIFICAT	E OF DEATH	05186	9
1.	PLACE OF DEATH a. COUNTY ALTIMORE	MARYLAND	a. STATE		ORE
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporce COCKEYUILL	ate limits, write RURAL and give nea	3-/
9	d. NAME OF HOSPITAL OR INSTITUTION (IF not in APPRING GROVE STAT	in haspital, give street address) BHOSPITAL	GADD RUAD		e IS RESIDENCE ON A FARM? YES NO V
	NAME OF DECEASED (Type or print) ARUNA	Middle Shepherdson	PBELC 4. DATE OF DEATH	5 1	7 1967
	MW	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2-5-44	last birthdoy) Yrs. AGE (In years IF UNDER 1 YEA Months Day	s Hours Min.
dui	o. USUAL OCCUPATION (Give kind af work done ring most of working life, even if retired) DONE	IOb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for Baltimore	COUNTR	
	100	ll of A	14. MOTHER'S MAIDEN NAME ONSTAI	ULLI	
	(If yes give war or dates of s		HTHER -	SAME ADDI	PESS
	IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	PREUMONI	A		NTERVAL BETWEEN ONSET AND DEATH
	Conditians, if ony, which gave rise to immediate cause (o), stating the underlying couse				V S
rion	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(o)	9. WAS AUTOPSY PERFORMED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I ar Par	t II of item 1B.)	YES NO .
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		ACE OF INJURY (Home, form, lotary, street, office bldg., etc.)	(City or town) (County)	(State)
	sow the deceosed olive an_5	tal) attended the deceased fram_ 16 - 1967, and th	at death occurred at 12.00 AN	1, from causes ond on the d	
	220. SIGNATURE Vieta		M.D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF 22b. DATE SI	
	22c. PHYSICIAN'S NAME (Type) ROCAN		SPRING 6 ROU		SATTAL
	a. BURIAL, CREMATION, REMOVAL (Specify) CATION May-1	8-67 GreenMoun	t	CATION (City or Town) (Cour Baltimore Md. 2	21202
	4. FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTE	2Sb. REGISTRAR'S SIGNAT	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye tabbe papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreyal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00130	OLIVIIIIONIL	OI DEATH	ED I S				
1. PLACE DF DEATH a. COUNTY	28 JEGG 2 112	2. USUAL RESIDENCE	(Where deceased lived, If institution:	Residence before admission)			
Baltimore	MARYLAND	a. STATE MA	- Regland b. COUNTY				
		C CITY OR TOWN /If o	utside cornorate limits write RIPA	I and give nearest town)			
write RURAL and give nearest town)	LENGTH OF STATEMENT						
	1176	Baltimoree					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	0	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Greater Balto medical C	enter	3409 W	hite Ave	YES ND			
3. NAME DF DECEASED (Type or print) Alice First(Estell	e) Middle	Adams	4. DATE Month OF DEATH MAY	18 19 67			
5. SEX 6. CDLDR OR RACE 7. MARRIED	NEVER MARRIED 3.			R 1 YEAR IF UNDER 24 HRS.			
Female Caucasian WIDDWED	DIVORCED 1 6	/29/10	last birthday) Months	Days Hours Min.			
1Da. USUAL OCCUPATION (Give kind of workdone 10b. KIND during most of working life, even if retired) INDU	O OF BUSINESS OR	11. BIRTHPLACE (Cou	nty & State, or foreign country) 12.	CITIZEN OF WHAT			
Housewife	JSIKI	Baltim	ore md.	USA			
13. FATHER'S NAME	2 1	14. MOTHER'S MAIDE	N NAME				
William HENRY F	Rice ;	FANNY S	Saunders				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC (Yes, no, or unkown) (If yes give war or dates of service)	CIAL SECURITY ND. 17. IN	FORMANT /	Address				
(1 sy 10) of almornin (11 yes give was of dates of service)	TUKNOWN GO	dmissio.	n Sheet				
18. CAUSE DF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	cardeal Facts	11.00		ONSET AND DEATH			
1/2 2 X	Bicual I all	wit -					
DOE 10		, ,	J	2 Months			
Cenditions, If any, which gave rise to immediate (b)	noma of the t	ung with	Hetestess	~ 110mb			
cause (a), stating the DUE TD		0					
underlying cause last. (c)							
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NC TO DEATH BUT NOT RELATED	D TO THE TERMINAL DI	SEASE CONDITION CIVEN IN PART 1(a				
CAI				PERFORMED?			
2Da. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of I	njury in Part I or Part II of Item 1				
G DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJU Hour a.m. While at work 2	IRY OCCURRED 20e, PLACE	OF INJURY (Home, fari	m, 20f. (City or town) (Co	ounty) (State)			
Hour a.m. While	אווופ ויין פווווא זטאו ר	street, office bldg., etc	.)				
	at work	0 10	17 . 5-10 10	/2 11 at (1) (m) last			
21. I certify that (I) (this hospital) attended saw the deceased alive on 5/7				(1) (we) last			
22a. SIGNATURE	19_6 Z, and that de	eath occurred at2.3	SAM, from the causes and on	DATE SIGNED			
David A Rayer			ED. STAFF	- In- /1-			
22c. PHYSICIAN'S	M.D.	PHYS. DI	RECTOR PHYS.	1/8/0/			
NAME (Type) DEREK A. BRO	KE		M.C.				
	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, town or c	ounty) (State)			
Burial 5/22/67 M	foreland Memori	ial Park	Baltimore Ma	ryland			
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAL	R'S SIGNATURE			
Robert C. Altenburg - 6009 H	larford Rd.	VAMAN	2 3 1967 yellar	les Juage			
Funeral Home, Inc.		DATE	4 0 1001	9			

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DEALER D. SERVER

Torrest of 5/22/67 Morelow mortal was the com-

Abbert Don Standary - 600 Bartore Md

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06191
CERTIFICATE OF DEATH

1.	PLACE OF DEAT a. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDEN			institution: R UNTY Ba			on)		
	b. CITY OR TOW	N (if outside corpora and give nearest too	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside	corporate limits,	write RURAL	and give	nearest tov	vn)		
	Catons	VIIIe Hearest to	VII)	10mth6dys	Essex, Maryland 21221								
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In h	ospital, give street address)	d. STREET ADDRESS				8.	IS RESIDEN	CE		
	SPRING	GROVE STA		PITAL			n Avenue	YES NO P					
3.	NAME DF DECEASED		irst	Middle	Last	4. D#			Day	Year			
	(Type or print)		arles	М.	Adams	DE	ATH M	ау	9	19 67			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	- 0.01	9. AGE (In yea last birthda	Months	1 YEAR	Hours Mi			
	nale	white	WIDOWED			1884	703	1					
10a	USUAL OCCUPATION MORE	FION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	county & S	tate, or foreign cour	CC	TIZEN O	FWHAT			
	moldir				Maryland			U.	S.				
13	FATHER'S NAM	IE .			14. MOTHER'S MAIL	DEN NAM	E						
	Jose	ph Adams			Catherin	e Sc	ri ver						
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFDRMANT			ress					
(Y)	UNK	(If yes give war or dates	of service)	213-01-4135 Re	cords: SPR	ING	GROVE S	TATE	HOSP	TTAL			
		DEATH (Enter only or	e cause ner l	ine for (a), (b), and (c).]	COLUB. DIII	110	04(012)			VAL BETWEE	N		
		EATH WAS CAUSED BY		eriosclerotic	cardi ovascu	lar	i sease			T AND OEAT			
		IMMEDIATE CAUSE	(a) A1 0	9110301010	Daratovaboa		120000		-		-		
	4211	DUE		neralized arte	ri ocol ovoci		ovoro						
	Cenditions, If	Immediate /	(0)	Heralized arte	TIOSCIETOSI	3, 5	24610				_		
	cause (a), s	tating the DUE	TO										
z	underlying cau		(C)	IT INO TO DESTRUCT DUT NOT DEL	ATER TO THE TERMINAL	DIOCASE	OONDITION CIVEN	IN DART 1/a)	119.	WAS AUTOPS	ev-		
VT10	PARTII. OTHER	SIGNIFICANT CONDITI	ONSCONTRIBL	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE	CONDITIONGIVEN	INPAKI I(a)		PERFORMED	?		
FIC/										NO Z			
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMI	(TH NER) 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury I	n Part I or Part I	l of item 18	.)				
MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20d. I		ACE OF INJURY (Home, f		f. (City or town)	(Cou	inty)	(State)		
0	Hour a.		While at worl	- Not while -	ory, street, office bldg., o	etc.)							
Σ					June 1 1	0.66	to Marr	Q 10	67 the	1 (aua) 1 to	act		
		ceased alive on	May 9	ed the deceased from	t death occurred at	1:55	to May	ac and on t	ho data	etated ahn	VA		
	22a. SIGNATU		THAY /	19 VI , allu tila	t death occorred at	a.	, Irom the Gaus	1 22b. D	ATE SIGI	VED	101		
		Still	a ha	chiles / M.	ATTENDING	MILD.	STAFF F	7 5-	9-67				
	22c. PHYSICI		01 /10 00	M.	D. PHYS. K.J. 22d. ADDRESS	PRIN		STATE	HO	SPITAL	_		
	NAME (T	ype) S	tella W	Wachsler, M.D.	F	Balti	more, Mar	vland?	21228				
238		MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER			LOCATION (City			(State)	=		
	Bus L	ecify) 5/cz	167	murela C	mem.		Balt	mu	(1		
24	. FUNERAL DIR	ECTOR	15	ADDRESS	25a. RE	C'D BY R	EGISTRAR 25b.			TURE			
	14.1	andly S	?	300 min	DATE N	MAY 1	2 1967	gelia	reas .	Judge.			
	H. Co	THE LA	0	0	I DAIL II		LUVI	11		1-1-			

VR AI5 (4) 20M 1/65

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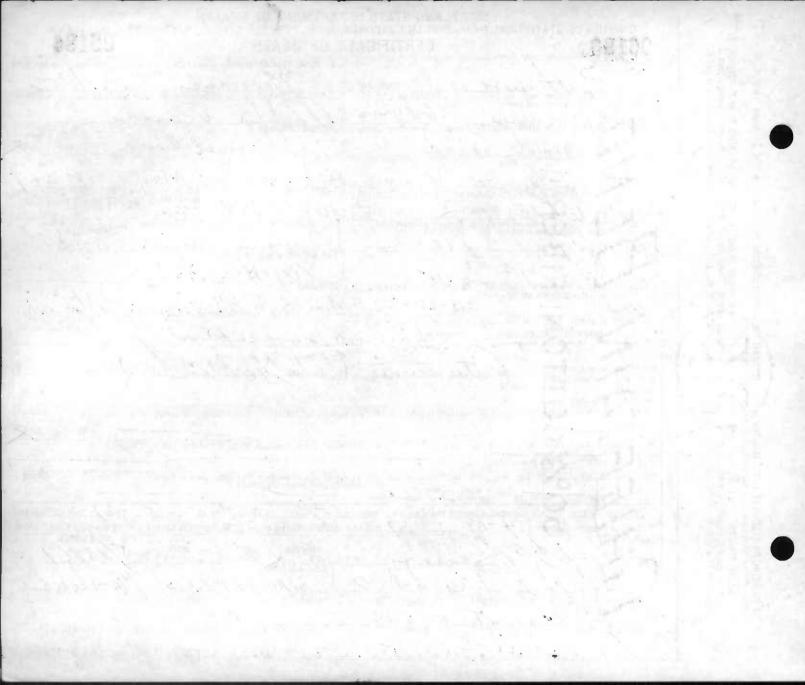
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		06192 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	06183
HEALTH DERTY		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before odmission)
a ta 3 ta 3 ta Page		O. COUNTY BALTIMORE MARYLAND	o. STATE M D, b. COUNTY	BALTO.
delay and 3 43. Pa rment		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest lown)
PM3. artme		Hours	TOWSON	121
2, 2, Pr		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
Pages 1, 2, and 3 with farm PM3. Pages 5 Pages 1, 2, and 3 Pages PM3. PM3. PM3. Pages 5 Pages Pages PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	_	ST. JOSEPH HOSPITAL	238 BURKE AVE.	ON A FARM? YES NO
ve Pa ve Pa g with	3.	NAME OF DECEASED (Type or print) VIRGINIA Denmead A	-/KEN 4 DATE Month OF DEATH MAY	3/ Year
0 00 0 3	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		UNDER I YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
24 haurs in Item 1. 's Office. Is land to event	10d dur	DUSUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
thin 24 handlers of pages 16	12	Partner Master TileCo.	Baltimore, Co, Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
I within 2 n pencil in Examiner File pages ond in an	13.	Joshua T. Kelley		
with with the Exar			May Parks	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
executed snding" in Medical E t permit. F emaval, o		es, no, or unknown) (If yes give wor or dotes of service) 218–30–5144	Mrs. Virginia D. Ruley 238 Bu	rke_Ave
shauld be executed a ward "pending" is a the Chief Medical burial-transit permit.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),)		INTERVAL BETWEEN
"pe "pe hief ansil		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MYOCARDIBLE	- INFARCTION	ONSET AND DEATH
Party of the party		4201 DUE TO		
s shauld he ward ta the Ch burial-tra mation,		Conditions, if ony, which gove) (b)		
the state of the distance of the memory		rise to immediate couse (o), stating the underlying couse DUE TO		
ficate ing the ded t ded t as a		lost. (c)		
s, verificate shauld s, writing the ward farwarded to the Ch used as a burial-tra burial, cremation,	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
2 2 2 .	CERTIFICATION	DIABETES MELLITUS	(-)	PERFORMED? YES NO
ER: This certificate, ould be faces. hauld be to prior to	35		RED. (Enter noture of injury in Port I or Port II of item 18.)	113 110
R: Ti	ER	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.		
INER: 1 should b files. 3 shauld int, priar			PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
AM e the th dur age age	MEDICAL	Hour o.m. p.m. 19 of While Not While of work	foctory, street, office bldg., etc.)	(county) (sidile)
lectal Example sase execut irectar. Pagained far y IRECTOR: Pagaesignated		21. I certify that I taak charge of the remains described above,	, held an Autapsy , Inspection , Inquiry	And in my apinian
AL for Top and			Suicide , Hamicide , Undetermined mann	
MEDICAL II		01 // /	CHIEF MEDICAL EXAMINER	
2 - 0 - 0		SIGNATURE Williams fills hery	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
JTY Iry, I eral be r RAL or it		EXAMINER'S Total E P L. D. V	m.u.	- 31 157
o DEPUTY in necessary, p the funeral 5 may be re 0 FUNERAL Health or its		NAME (Type) WILLIAM H. PILLSBURY	Address (Steel, City, town, of County)	5-31-65/
necessa the fun 5 may 10 FUNE Health	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
7 2 5 -		Burial 6/3/67 Moreland Me	emorial Cemetery Baltimore, N	Maruland
ak.		I. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE
VR A15ME (5)	W	m. Cook-Brooks Towson 1050 York Rd. 21	1204 DATE N 5 1967 OCLIS	was Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06193 CERTIFICATE OF DEATH

E 204		OUTS OF MINIORIE OF BEATT
umera and 2 death.	1.	PLACE DF DEATH / USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
5 5 0 0		a. STATE) / b. COUNTY /)
e e		Dalturate Maryland Maryland Calhame
after the f ges 1 after		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
200	1	Write RURAL and give nearest town)
hours d in by rs. Pag	,	Parton Penal Coguns / 12 Cresal 131
5 - S-	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE
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completely ove carbon eventment	3.	NAME DF OECEASEO First Middle Last 4. DATE Month Oay Year
A See X		(Time as well as 1 1 1 1 1 1 1 1 1 1
	_	AND
e 600 te	5_	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years FUNOER 1 YEAR IF UNOER 1 YEAR IF U
and emor	,	A A A A A A A A A A A A A A A A A A A
executed in and com in any eve	->	
=5	10a	. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR 11. BRTHPLACE (County & State, or foreign country) 12. CLITIZEN OF WHAT 12. CLITIZEN OF WHAT 13. BRTHPLACE (County & State, or foreign country) 12. CLITIZEN OF WHAT 13. BRTHPLACE (COUNTRY) 14. CLITIZEN OF WHAT 15. CLITIZEN OF WHAT 15
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a 6 3 a		House Wife Home treelands Majunt tot.
cate be physician n please val, and in	13	FATHER'S MAINE 14. MOTHER'S MAIOEN NAME
tiffic 18 I		Me / Wind Alia AUDEC
certificate nding phys Then ple removal, a		JOHN / ANN PIGHT A MYRES
ma and has		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
death cerl e attendin permit. Ti ion, or ren	616	s, no, or unkown) (If yes give war or dates of service) 218-22-4992 Mars Mary Buth Willel (Furklim had
e a e a	_	mo - 218-22 7192 Plus Mary Tylk Wilhelm 1 / Navicum Ma
the t pe		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. OEATH WAS CAUSEO BY:
hat thician. led by letransi		IMMEDIATE CAUSE (a) (Manue) Physicarauce
e 0 0 T .		(199)
lres the physical signature of the physical physical burial controls.		DOC 10
Ser is in the series		Conditions, If eny, which
qui ng sen to t		gave rise to immediate OUE TO
the line		cause (a), stating the (OUE IU
aw re ttendii has be as th prior		underlying cause last. (c)
tter tter has as pri	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
the se	E	PERFORMEO?
N: The late or at ificate h for use Health	2	YES ND
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.)
certi certi red t. of	꼺	20a. ACCIDENT WAS UNDERLYING DORCONTRIBUTING CONTRIBUTING
5 0 5 H		(IF EITHER, NUTIFY MEDICAL EXAMINER)
the hospi this cert detached e Dept. of	A	20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
2 = + 8 9	lë.	Hour e.m. While Not While factory, street, office bldg., etc.)
ing PHYSICI d by the host After this ce l be detached State Dept.	MEDICAL	P.m. 19 at work at work
At At Sed I	-	27. I certify that (i) (this hospital) attended the deceased from 15 1962 to 5 1962, that (i) (we) last
- 11 m C		
OR ATTEN be retain DIRECTOR ige 3 shou led with th		saw the deceased alive on 4-18: 19 6.7, and that death occurred at 2PM, from the causes and on the date stated above.
A S S S S S S S S S S S S S S S S S S S		22a. SIGNATURE 22b. QATE SIGNED
de Read		M.O. PHYS. MEO. OIRECTOR PHYS. DIVISION DIVISIONI DIVISI
i a a a	1	
A A B	1/	22c. PHYSIQIAN'S 22d. AOORESS /
P. P.	V	NAME (Type) Oh F Such 1100 blake of FAD Mory land
No N	-	1 doch by least in the land the
O HOSPITAL Page 4 may O FUNERAL E director, pag should be fill	238	
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page should be filed	1	PRINCE (SPECIF) 5/21/LT PINEGRAVE POPULTON, MD.
P	-	
G	24	FUNERAL DIRECTOR AOORESS 25a. REC'O BY REGISTRAR'S SIGNATURE
VR AI5 (4)	(LOAN GLAST. HAMBSTEAD, MD. DATENIAN DO 1007 Mcligales Judges
2DM 1/65	15	THE TOTAL STREET, IN THE TAKE THE TOTAL STREET, THE TAKE

VR A



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL PECOPDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	06194	bivision o	· VIIAL K			OF DEATH	oke, maki bare	1	766			
	ACE OF DEATH COUNTY	Baltimore		MARYLA	ND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY						
b.		If outside corparate limits,		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)						
	Catons	d give nearest town)		23yr2mth6	dys	Baltimore				30.1		
d.		TAL OR INSTITUTION (If nat		d. STREET ADDRESS			at noo	e IS RES	SIDENCE			
SP	RING GI	ROVE STATE	HOSPI	ITAL		2101 Col	ld Spring	Lane		YES _	FARM?	
D	AME OF ECEASED ype or print)	First Cha	rles	Middle (Kratz)	lost Alexander	4. DATE OF DEATH	Month Ma			/ear 67	
S. SI	x ale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		June 3, 18	9. AGE (1		Months Do	AR IF UND Dys Haurs	ER 24 HRS. Min.	
10a. 1	SUAL OCCUPATION	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Maryla		ntry)	12. CITIZE	N OF WHAT		
13. 1	John K	ratz				14. MOTHER'S MAIDEN Margaret						
1S. (Yes,	WAS DECEASED EVI na, ar unknawn)	ER IN U.S. ARMED FORCES? (If yes give war ar dates af	service) 16. S	SOCIAL SECURITY NO.		NFORMANT scords: SPI	RING GRO	Address VE ST		OSPIT	AL	
	18. CAUSE OF D PART I. DEA	EATH (Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (c)F		tis	with uremia				INTERVAL B ONSET AND		
	Conditions, if ony rise to immediat stating the under last.	te couse (o),	o)A			c cardiovas						
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS COL	NTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(a)		19. WAS AL PERFOR YES		
CERT		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCU	JRRED. ((Enter noture of injury in	Part I or Part II of it	em 18.)				
MEDICAL	20c. TIME OF INJ Haur a. p.	10	20d IN While of wark	Nat While		CE OF INJURY (Hame, farmary, street, affice bldg., etc.)		or tawn)	(County	()	(State)	
		fy that (F) (this haspi eceased alive an	ital) attend May	led the deceased from 22 19 67, an	om d that	March 13, 1	2:45 M, fram		22 ₁₉ 6	7that (I); date state	(ce) las	
	22a. SIGNATURE	Stella	wa	chsler	M.D	11119.	DIRECTOR P	TAFF HYS.		2-67		
	22c. PHYSICIAN'S NAME (Type	Stella	Wachsl	er, M.D.		(1	PRING GR		and 2	HOSPI 1228	TAL	
230.	BURIAL, CREMATI REMOVAL (Specify		EOF (6)967	236 NAME OF CEMETE	RY OR	CREMATORY J	23d. LOCATION Baltin	(City or Town	110 1	unty)	(State)	
24.	FUNERAL DIRECTO	OR 5/3/6	11/1	ADDRESS	1	250. REC'I	BY REGISTRAR		ISTRAR'S SIGN	-	* - 10	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DE1RE

- 14	_			
,		PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
		BNUT MARYLAND MARYLAND	c. CITY DR TDWN (If outside corporate limits, write RURAL a	and also percent town)
		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	1 21 1 12 1	ing Rise nearest rown)
		RURAL LOCHEARN ZJYWW	RUPAL LOCHEARN	e. IS RESIDENCE
0		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
		6911 6/BERTI FOR	6411 MPE1-1714	YES ND
	3.	NAME DF First Middle DECEASED A CLASS	Last 4. DATE Month OF	Day Year
		(Type or print) MARY C,	B. DATE DE BIRTH 19. AGE (In years I F UNDER 1	19 6
	5.	SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED		Days Hours Min.
V	_	WIDDWED DIVORCED	DEC. 63, 1903 61 yrs.	CITEN OF WHAT
	iDa.	. USUAL OCCUPATION (Give kind of work done IDD. KIND DF BUSINESS DR INDUSTRY		TIZEN OF WHAT
		Housing Housings	Carroll County) MD. 1	1/1 S1 N
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		William ARBAVGH	INN WILTIDE	
8	15. (Yes	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT H. Address	AGOTY DL -
		NO 220-48-2402 /	IR. GEORGE ALLEN 6719 DI	06/4/2/207 KD
	1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
0		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	OF BREAST & MANNERUS	6 MONTHS.
		170X DUE TD		
		Conditions, if any, which (b)		
		gave rise to immediate cause (a), stating the DUE TO		
	_	underlying cause last. (c)) to was all Topoy
0	T10	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
2	FICA			YES ND
	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
				(04-40)
	MEDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	nty) (State)
	MEC	Hour a.m. While Not While p.m. 19 at work at work		
		21. I certify that (I) (this hospital) attended the deceased from		Z, that (I) (we) last
			t death occurred at 5:26 M, from the causes and on the	
		22a. SIGNATURE		ATE/SIGNED
		M.C. PHYSICIANIS	O. PHYS. DIRECTOR DIRECTOR PHYS.	11901
		22c. PHYSICIAN'S NAME (Type) & ALLIAN I PIERDA NET. A. S.	8284 LIBERTY PA-BA	21021207MA
	23a	BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LDCATION (City, town or cou	nty) (State)
2	238	REMOVAL (Specify)	201	
	24.	Burial 5/13/67 Woodlawn Cemete: FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 250. REGISTRAR	SIGNATURE
		Loring Byers-8728 Liberty Rd. Randallsto	DAMAY 15 1967 gelianla	
			DAIDITE A TO TOOT	V V

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OCIOC

CERTIFICATE OF DEATH

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PLACE OF DEATH O. COUNTY	BALTIMORE		MARYLAND		YLAN	D b. coul	NTY	nce befor	e odmissio	
b. CITY OR TOWN write RURAL on	(If outside corporate limit d give negrest town) HOWARD	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o			RAL ond giv	e neores	t town)	
	TAL OR INSTITUTION (If no	a in bossitul s	135 DAYS	d. STREET ADDRESS	LTIMO	T.E.	100	- 50	o IS DESIF	DENCE.
						IDIDO OMBI			e IS RESIL	
	ADMINISTRA			1420 SOUT				-		NO X
3. NAME OF DECEASED		rst	Middle	Lost	4. DAT			Doy		
(Type or print)	JAC		PHILLIP	AMBROSE	DE/			20,	196	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	Doys	Hours	Min.
MALE	WHITE	WIDOWED	DIVORCED X	10/6/19		47 yrs.		50 5	1,0013	THE .
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FTREMAN 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD				11. BIRTHPLACE (County FREDERIC			CC	TIZEN OF DUNTRY?		
13. FATHER'S NAME	7.6.1	& tot hade the	4,0110	14. MOTHER'S MAIDEN		11112				10.75
DAWTO I	AMDDOGE			MARY PHIL	TTDC					
	ER IN U.S. ARMED FORCES?	T 16. 5	SOCIAL SECURITY NO. 17	INFORMANT	LILLO	Addre	ess		-	
	(If yes give wor or dotes of	of service)		THIRD DECOR	DO.					
YES	EATH (Enter only one cou		14 14 17 78CI	INTUAL RECOR	وحلالا	VAR FI F	IOWARI		ERVAL BET	AA/E E AI
	TH WAS CAUSED BY:	BB	ONCHOGENIC CA	RCTNOMA WITH	T'AM I	ASTASTS			STANKS	
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Conditions, if ony	, which save 3									
rise to immedio	te couse (o),	(b)						1		
stoting the under	erlying couse									
	J	(c)	O DELTH DIT HOT DELTED TO	THE TERMINAL PROPERTY OF		OBJECT OF DARK ACT		T10	VALAC ALITA	ODCV
NOTE PART II. OTHER S	IGNIFICANT CONDITIONS C	ONIKIBUTING I	O DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CO	MOIIION	GIVEN IN PART I(0)			WAS AUTO PERFORM ES	NO [
O /IE CITHED MOTIEV	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port 1 or	Port II of item 18.)				
Hour o.	URY Month, Doy, Yeor m. m. 19	20d. IN While of work	Not While my	ACE OF INJURY (Home, for octory, street, office bldg., etc.		of. (City or town)	(Co	unty)	(Stote)
	ify that Mathis has	pital) attend MAY 2	ded the deceased from_ O19_67_, and th	JAN 5 , at death accurred at	8:10	to MAY 2 PM, from causes	O , 196 ond an t	7 , th	at 75 %() e stoted	we) las above
220. SIGNATURE	Veter)	few	an	A.D. PHYS.	MED. DIRECTO	R STAFF PHYS. 2		ATE SIGN		
22c. PHYSICIAN'S NAME (Type	PETER	J. JUVA	N, M.D.	VAH, FOR	T HO	WARD, MARY	CLAND			
230. BURIAL, CREMATI REMOVAL (Specifi Buria	ON, 23b. DATE THI 5/24/		23c. NAME OF CEMETERY OF BALTIMORE NA			LOCATION (City or To BALTIMORE,	MARI		D	tote)
24. FUNERAL DIRECTO		VERAL H	OME 50 BALTO FOR	TAVE 2So. REC	D BY REG	1967 25b RE	GISTRAR'S	SIGNATUR	dge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician way campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health priar to burial, crematian, or removal, and many event, within 72 haurs off Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06197 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Catonsville Baltimore City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREFT ADDRESS IS RESIDENCE ON A FARM? Spring Grove State Hospital 1711 Wilkens Avenue YES NO 3. NAME OF Middle Last DATE Month DECEASED Appler Bertha 19 (9 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthdoy) Months Hours WIDOWED DIVORCED 8-19-93 Female White 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY U.S.A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Marie Adolph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service Spring Grove State Hospital Records: INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per The far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ZWKS Conditions, if ony, which gove eumonic rise to immediate cause (a) DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. at work 21. I certify that (15c(this haspital) attended the deceased from 20, 19 67, to and that death accurred at 2,255M, from couses and on the date stated above saw the deceased olive on 220. SIGNATURE 22b. DATE SIGNED STAFF **ATTENDING** PHYS 22d. ADDRESS Spring Grove State Hospital 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228

NAME OF CEMETERY OR CREMATORY

LQCATION (City or Town)

2Sa. REC'D.

DATE

(County)

1967 REGISTRAR'S SIGNATUR

(Stote)

executed within 24 haurs after death by his af papers. Pag hin 72 hours filled in povercarban paper letely rem an pup and in please physician the death certificate or removal, attending permit. crematian, the signed by the burial-transit burial, cremati requires that þ physician. as the attending has been detached far use te Dept. af Health this certificate by the haspital ar be de State [TO FUNERAL DIRECTOR: After be retained page 3 TO HOSPITAL Page 4 may b director, po VR A15

VR A15 (4)

23a. BURIAL, CREMATION

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STREET, STREET Lawrence admitted first and the contract and another and the contract and Table to a new work on the right could

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06198 CERT CERTIFICATE OF DEATH 08100

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Balsimore MARYLAND	a. STATE MARY/AND b. COUNTY TIMORE
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Kural Woodlawn 7 Years	RURAI - WOODLAWN.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE
2121 GWYNN OAK AVE	3800 WINDSOR MILLRA. YES NOTE
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) WILLIAM ERNEST /	9/44/COST DEATH 3 2 1967
M / MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
WIDOWED DIVORCED	413/1910 56 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TOHN E. ARMACOST	NINA R. MECOLLUGH.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes alve war or dates of service)	INFORMANT Address OFLT 21207 H
No 212-05-4839 M	PARCARET BRAGEOST - 2121 C-WYNN OFK AYE.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN OMSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCENOMA	Z METASTASES (OFRECTUM) 47EBRS.
15-4X DUE TD	
Conditions, If any, which) (b)	
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO D
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
2 fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work at work	/ / / / / / / / / / / / / / / / / / /
21. I certify that (I) (this hospital) attended the deceased from	007 /5 1933 to MAY 2 1967, that (1) (we) last
saw the deceased alive on APPIL 30 1967, and that	t death occurred at 415 AM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Estern Helport, M.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) EDWIN & PIERPONT, M.O.	8204 LIBERTY RA. BALTO 21207 MP.
	Y OR CREMATORY. 23d. LOCATION (City, town or county) (State)
GREMOVAL (Specify) 5-5-67 (Mand LAMA)	Comptery Baltimore, Md
24. FUNERAL DIRECTOR ADDRESS	25a. RIC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Flowneth ARMAROST 4600 Liberty Hight	ALE DATE MAY 3 1967 Milanes Judge
the manufacture of the state of	

Maria Maria Tanana Maria Maria

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201Tem CERTIFICATE OF DEATH OF MARYLAND 21201-

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Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 50 the funeral		should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 7. hours of eld dept.
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 25M 1/67

06199	3	I	tem CERTIFIC	ATE 3	OF DEATH	kk		061	89	
	ALTIMORE		MARYLAN		o. STATE MATE	Where deceased live	ed, if institution b. COUNTY		before odmis	sion
b. CITY OR TOWN (If outside carporote limits give nearest town)	5,	c. LENGTH OF STAY IN 1	b	. CITY OR TOWN (If ou		its, write RURAL	and give n	eorest town)	11,1,0
FORT HOW	ARD		2 DAYS			RE 21201			38-4	
	AL OR INSTITUTION (If no		STREET ADDRESS	DAMONA O		4 70 ft 0	e IS RES	FARM?		
	ADMINISTRA	ATION HO			770 W. SA		PREET,	APT 2	OB YES C	NO 🔼
3. NAME OF OECEASED (Type or print)	MAR		Middle A.		RMSTRONG	4. OATE OF DEATH	MAY		16	
S. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED Separ WIDOWED	NEVER MARRIEO [OIVORCED [APRIL 13,			Months O	oys Hours	ER 24 HRS. Min.
during most of working NURSING AS	(Give kind of work done life, even if retired) SISTANT		ND OF BUSINESS OR DUSTRY SPITAL		11. BIRTHPLACE (County GREENVILL	E, N. C.	ountry)	12. CITIZE	N OF WHAT	
13. FATHER'S NAME				1	4. MOTHER'S MAIOEN I					
JESSI						DICKSON				
 WAS DECEASED EVE (Yes, no, or unknown) 	R IN U.S. ARMEO FORCES? (If yes give wor or dotes of		OCIAL SECURITY NO.	17. INF			Address			
NO			19 34 67 77	CLI	N. RECORDS,	VA HOSP	ITAL, F	T HOW		
	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) HEMO	(o), (b), ond (c).) OLYTIC CRIST	S					RECEN	
Conditions, if ony	, which gove	(b) SICK	TE CELL AND	MIA					UNKNO	WN
stating the unde	rlying couse	(c)								
PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEASE COM	NDITION GIVEN IN I	PART 1(o)		19. WAS ALL PEREOR YES 2	
	S UNDERLYING CAUSE OF OEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	RRED. (En	ter nature of injury in	Port I or Part II af	item 18.)			
20c. TIME OF INJU	10	2Dd. IN While of work	Not While		OF INJURY (Home, form, street, office bldg., etc.)		or town)	(Count	y)	(Stote)
	fy thak(x) (this has	pital) attend	ed the deceased fra		14/67 , 1 eath accurred at	9, to	5/16/67 m causes an	, 19_ id an the		(we) la: ed abav
220. SIGNATURE	Tomas	10	1201-	M.D.	ATTENDING PHYS.	MED. OIRECTOR	STAFF PHYS.	22b. DATE 5/1	SIGNED 6/67	
22c. PHYSICIAN'S NAME (Type)		UDAS, M	1. D.)	22d. ADDRESS VAH FORT					
230. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETER ARBUTUS ME				N (City or Town		ounty)	(Stote)
24. FUNERAL OIRECTO	· · · · · · · · · · · · · · · · · · ·	St. F	ADDRESS PHILLIPS FUN		2So. REC'C	BY REGISTRAR	CT 25b. PSGH	•	ATURE	ge.
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	DIVISION	DF STATISTICAL		ND STATE DE	PARTMENT OF		BALTIMORE 1, I	WARYLAND
	06200			CERTIFICAT	E OF DEATH			06190
1.	a. COUNTY Ba	40-		MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceased	b. COUNTY	Residence before admission)
	701	f outside corporate lii give nearest town)		14 days	C. CITY OR TOWN (IF O	outside corpora		Land give nearest town)
	d. NAME OF HOSPIT	AL OR INSTITUTION (II	f not in hospital	, give street address)	d. STREET ADDRESS	wann	Oak Due	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Art	hur	Middle	Arnold	4. DATE OF DEATH	Month 5	Day Year 19 67
	M	W	IDOWED	DIVORCED	3 - 13- 75	5 9 las	Months yrs.	Days Hours Min.
dur	Builo	(Give kind of work done life, even if retired) Ler	_ INDUSTE	BUSINESS OR RY ruction	Balto. Co	Md.		OUNTRY?
13.	FATHER'S NAME	nuel Arr	old		Young	A	200	
		R IN U.S. ARMED FORCE yes give war or dates of serv		8-0833-J	INFORMANT Raymond	A. Arno	Address 600 (Coventry Rd
	PART I. DEATH	mediate DUE TO	Arte Sen	(a), (b) and (c).] estive # rioseler rility	leart Fa	lioras	eular Di's	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGN	IFICANT CONDITIONS O	CONTRIDUTINGT	O DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION	DN GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING ☐ ☐ CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I	or Part II of Item 18	3.)
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Year 19	While - No		CE OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City	or town) (Co	unty) (State)
		MANUEL	attended the		ATTENDING M	IED.		67 that (I) (we) last the date stated above. DATE SIGNED
23a	REMOVAL (Specify Burial	May 13,	1967 H	ereford E	Bap. Ch. C	emt Hei		unty) (State) Ada 'S SIGNATURE
7	Catonsvil	lie , Ma.	ESTATE	136 AUG.	ondson	1 5 1967	flearle	y Judge

VR A.15 (4) 1/65 20M

NETP * 1 va Bulle Met 14 days south Tow Son 5509 Georgen Cak Acc GBMC Arthur Hund Arnold 5 11 60 2-15-75 92 Ballo Co. Md. U.S.A. Wim Simuel Arnold Younger, Anna. 218-18-0833-11 Chart Congsting Heart Failure Antinovalerate andiovarantes Direct Sambleto 5-11-67 A. GONGON GBATE-TOWSON, ND.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR ALS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

UUSUI		- 0		LULUL
1. PLACE DF DEATH a. COUNTY			Where deceased lived, If institution: Re	esidence before admission)
Baltimore	MARYLAND	a. STATE	Land b. COUNTY Ba	altimore
b. CITY OR TOWN (if outside corporate limits, c	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourts	side corporate limits, write RURAL	
write RURAL and give nearest town)	2 Vrs.	Halath	12 1 12	1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	0160	e. IS RESIDENCE
471411/- 1 + 1	1.1	1- 10 11	bist al Blu	ON A FARM?
11/Washington B	YC.	4714 WAS		YES NO 2
3. NAME DF FIRST DECEASED	Middle	Last 4.	DATE Month	Day Year
(Type or print) RENEE	TrThur			67 19
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER :	Days Hours Min.
Jungle White WIDOWED	DIVORCED [10/8/82	84 yrs. Mondis	Days Hours Mill.
	O OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12. Cl	TIZEN OF WHAT
HOUSEWOIK OU	in Home	Renn.	- 60	ONIKII
13. FATHER'S NAME	11000	14. MOTHER'S MAIDEN	NAME	
George R. Houden		E112760	th Hixson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (if yes give war or dates of service) 219	-54-4141 M	and A. Coeff	4714Wach inct	IN BIVE
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c), 1	11411.410.	71.144011.191	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	. 0 - 1/	1-1	0	ONSET AND DEATH
IMMEDIATE CAUSE (a)	raco 40	deelar	proceso	2720
DUE TO	2	14,	-3-0	1 . 1 . 1 . 1
Cenditions, if any, which gave rise to immediate (b)	nger	melle	59090	10700
cause (a), stating the DUE TO	//			
underlying cause last. (c)	V			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IGTO DEATH BUT NOT RELA	JED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
o blacky	remix	soon ?	1/10	YES NO
20a. ACCIDENT WAS UNDERLYING TO DESTRUCT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED (Enter nature of Inju	iry in Part I or Part II of Item 18.	
20a. ACCIDENT WAS UNDERLYING 20b. DES DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. INJU		CE OF INJURY (Home, farm,	20f. (City or town) (Cou	nty) (State)
Hour a.m. 19 at work	THOU WILLIE []	ry, street, office bldg., etc.)		
	at work	n	7 . 1022 - 1 20 11	C 11 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21. I certify that (I) (this hospital) attended				Z, that (I) (we) last
saw the deceased alive on 22a. SIGNATURE	1966, and that	death occurred at 2	M, from the causes and on th	ATE SIGNED
man halfre	1 1	ATTENDING MED.	STAFF - MA	1-11/1/10
22c. PHYSIOTAN'S	Joury M.D	. PHYS. DIRE	CTOR PHYS. 1 900	7/6/
NAME (Type)	umbanah	5609 Main S	St. Elkridge	/ /
				(chata)
REMOVAL (Specify)	23c. NAME OF CEMETERY	SO A A	23d. LOCATION (City, town or cou	nty) (State)
13UCIA 3/8/67	MEGOOW YFO	gelemeters	DOISEY (MAYI)	GAR
24 FUNERAL DIRECTOR	ADDRESS	25a. REC'D E	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Umlerose me 132901/ph	4100.100	PATRY	1967 Milante	ander.

10130 The state of the s

		06202	CERTIFICATE	OF DEATH	Aller Later	05192
1		PLACE OF DEATH			e deceosed lived, if institution: Re	sidence before odmission
/	(O. COUNTY BALTIMORE	MARYLAND	O. STATE WARY	LAND b. COUNTY	JAN BANGLE
	t	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give neorest town)
		write RURAL and give negrest town)	6 YEARS	BALDI	MORE IVE	3 31.1
	10	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1 =	H	FRMACOST NURS	ING HOME	1014N	CHARLES	YES NO NO
		NAME OF First	Middle	Lost 4.	DATE Month	Doy Year
		DECEASED (Type or print)	N. D	ACHMANN	DEATH MAY	16 196/
	S	SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF Uh	
		EMALE WHITE WI	DIVORCED DIVORCED	1A7221871	89 yrs.	ms boys nous min.
	f0o.	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	1). BIRTHPLACE (County & Sto	ite, or foreign country)	2. CITIZEN OF WHAT COUNTRY
	1	DETECTIVE	CRIME DETECTION	CARLISLE TE	NUSTVANIA	U.S.A.
	13.	FATHER'S NAME		f4. MOTHER'S MAIDEN NAME		
		THILIP WOR	MAN	MATTE	-CNOT KNI	our)
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi		NFORMANT	118 PARKER	STREET
	(,)	No	C	KAY TREHN,	CARLISLE,	PA.
		 CAUSE OF DEATH (Enter only one couse per PART f. DEATH WAS CAUSED BY: 	line tar (a) (b), and (c).)	- ()		INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	11/2/23/2/	10 Cdr	D mond	ORDET AND DEATH
		DUE TO	1001			1/11/11
		Conditions, if ony, which gove (b)	00/0	77,		7 /1/67/16/5
		stoting the underlying couse	Dan aland	S.7/2	1	when
	-	last.	Jefferd 12ed	TTY Jest COUNTY	STEPOSIS	f9. WAS AUTOPSY
1	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITT	UN GIVEN IN PART 1(0)	PERFORMED?
	CERTIFICATION	20. ACCIDENT WAS HAIDERING ST	SOF DESCRIBE HOW WHITEN OCCURRED	(Fater action of injury in Best	f or Boat II of item (D)	YES NO
	ERTIF	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	t or Port II of item 18.)	
	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLAC	T OF INITION (II (20f. (City or town)	(Causta) (Sana)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	~	p.m. 19	ot work U at work U	6/1/6	1 38/20 1///	16.5
		21. I certify that (I) (this hospital) saw the deceased alive on		death occurred at	M fram causes and	n the date stated obave.
		220. SIGNATURE	That, and man	Occurr occorred dive	1-10	b. DATE SIGNED
		1011.000-10	Or our all	ATTENDING DIRI	STAFF PHYS.	
	-	22c. PHYSICTAN'S	2-0000000	22d. ADDRESS	11173.	
1		NAME (Type) Charles F.	O'Bonnell, M.D	,		
	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR		23d_LOCATION (City or Town)	/(County) (Stote)
	P	SPENOVAL (Specify) MAY 18.19	67 NEW CATHEDA	NEFMETERY	BALTIMORE.	MARYLAND
	24	. FUNERAL DIRECTOR	ADDPECC)	2So. REC'D BY		R'S SIGNATURE
X	W	IM COUR- BROOKS TOWSON		1204 DAMAY 9	19 1967 Miles	ula Person

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours affer apart. Page 4 may be retained by the hospital or ottending physician.

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06203 FOR STAT HEALTH D

Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm. PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, 5 may be retained far your files.

ony delay is

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

Items #13 MEDICAL

EXAMINER'S CERTIFICATE OF

06193

		A					
PLACE OF DEATH O. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATMaryl	(Where deceosed lived, if inst Land b. C		imore
b. CITY DR TDWN write RURAL o	(If outside corporate limits, nd give nearest tawn)	C.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporote limits, write		
d. NAME OF HDSF	PITAL OR INSTITUTION (If not 2 School Lane	in haspital, give	street oddress)	d. STREET ADDRESS	School Lane	0	e. IS RESIDENCE DN A FARM? YES NO
3. NAME OF DECEASED (Type or print) C	Firs		Middle Roy	Baker	4. DATE NO MELY	Nonth D	oy Year 19 67
S. SEX Male		7. MARRIED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 16,	1899 9. AGE (In years lost hirthdoy yes) Months Days	
100. USUAL OCCUPATI ducing most of workin Rigger	ON (Give kind of work done ng life, even if retired)	10b. KIND INDUS	OF BUSINESS OR TRY	11. BIRTHPLACE (Sto	virginia	12. CITIZEN COUNTRY U. S	
13. FATHER'S NAME				14. MDTHER'S MAIDE			
	Baker	11/ 500	AL SECURITY NO. 1	7. INFORMANT	1 Baker	ddress	
(Yes, po, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of DEATH (Enter only one cause	service) 236-	-01-8725		Baker 7302		ne
Conditions, if or rise to immediately the united to the un	ny, which gove ote couse (a), derlying cause ((5)	/ /	en C-	eusin' -V-Dise	7750	ONSET AND DEATH
CATION	_		1/		CONDITION GIVEN IN PART 1(a)	<u></u>	9. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING	206 DESCR	BE HOW MIURY OCCURR	ED. (Enter nature of injury	in Port I or Port II of item 18.)	
Hour Hour	NJURY Month, Day, Yeor o.m. p.m. 19	20d. INJUS While of work	Not While	PLACE OF INJURY (Home, fo foctory, street, office bldg., e) (County)	(State)
death res	ify that I toak charge ulted from: Natural	af the remain causes		uinde [], Hamicie		The state of the s	nd in my opiniar
ACTUAL SIGNATURE EXAMINER'S	10/32	an	1 /11/		MEDICAL EXAMINER		22. DATE SIGNED
NAME (Type)	M.B. Davis				eet, city, town, or county)68	00 Mornin	
Burial (Spec	110N, 23b. DATE THER (15y) 5/6/67	EOF	Baltimore		23d. LDCATIDN (City of Baltimore		ity) (State)
24. FUNERAL DIREC	TDR		ADDRESS	2Sa. RE	C'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNAT	
Ullrich	Funeral Home	Dundall	. Md.	MAY	5 1967 1	harles fo	- Ton

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	AND THE REST		

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uner within 72 hours papers. filled completely carbon eace remove in any and Sician and h attending ph srmit. Then remova in signed by the attend burial-transit permit. burial, cremation, or re or attending physician. been as the t use certificate 5 the hospital detached f this After Id h Stat be retained by DIRECTOR: A age 3 should filed with the S тау

within executed certificate be death requires that the PHYSICIAN: page HOSPITAL TO FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore a. COUNTY. b. COUNTY Maryland Hilltop Brive 9807 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Parkville, Balto. Co. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 9807 Hillton Drive Hillton Drive NO X YES NAME OF First Middle Last DATE Month Day Year DECEASED DFATH May 17th, 67 MARGARET E. BARLOW (Type or print) 19 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) | Months | Days Hours | Min. Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Ireland Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Keelty Thomas O'Neil] 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknwn) (If yes give war or dates of service) J.E.Albert-9807 Hilltop 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? CERTIFICATI YES [NO T 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work _ at work p.m. 19 21. I certify that (I) (this heapital) attended the deceased from 4 M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at-DATE SIGNED 22a. SIGNATURE STAFF M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S **ADDRESS** NAME (Type) Road Harford Thomas 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Balto. Cathedral Cem RECUETRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. edefeld Home inc.

VR A15 (4) 20M 1/65

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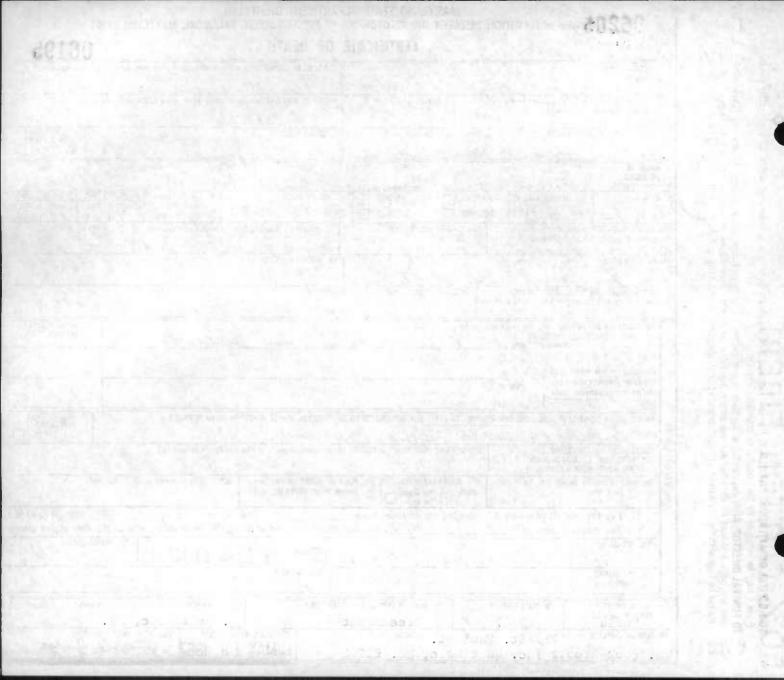
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours ofter deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Poge 4 moy be retoined by the hospitol or ottending physicion.

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

0620 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	Bactimore Con	CERTIFICATE	OF DEATH	06195
	PLACE OF DEATH 1. COUNTY OUT ON TOWN (If outside corporate limits,	MARYLAND C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, if inst a. STATE b. ((ounty - Phenry
0	write RURAL and give nearest tawn) I. NAME OF HOSPITAL OR INSTITUTION (If not in ha	ispital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
q	NAME OF First DECEASED Type or print) Mary	Middle Lida Et a	Lost 4. DATE M Bartlatt DEATH M	onth Day Year
7	1 1 5 1 1	METER MINISTER	B. DATE OF BIRTH 8 - 10 - 1877 9. AGE (In years last birthday) 9 yrs 11. BIRTHPLACE (Caunty & Stote, or fareign country)	Manths Days Haurs Min.
duri	ng most af warking life even if retired) FATHER'S NAME	INDUSTRY	Oursign Mills, M	COUNTRY?
	MAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)	(e)	NFORMANT LACES M. Streckfus	ddress 6/5 Chestant Ux
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO DUE TO	line for (a), (b), and (c).) Anterna clean	The Heart Successe	INTERVAL BETWEEN ONSET AND DEATH
VION	last. (c)	1 1 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO G
L CERTIFICATION			(Enter noture of injury in Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. 19	While of work of work factor	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	
	21. I certify that (I) (this haspital) saw the deceased alive an 1710	1 /200	t death accurred at 10-30AM, fram cause	
	22c. PHYSICIAN'S NAME (Type)	und Day M.	D. ATTENDING MED. DIRECTOR D STAFF PHYS. 22d. ADDRESS H-2-334 ST	Batteron Ma
	BURIAL, CREMATION, REMOVAL (Specify) 5/13/67	23c. NAME OF CEMETERY OR C	. Baltimo	re, Md.
	FUNERAL DIRECTOR 1217 St. Pan. Cook-Brooks Inc. Ba		144V 1 0 4007	REGISTRAR'S SIGNATURE



DIVISIO	IN OF STATISTICAL RES				EEI, BALIIN	NUKE I, MA	AKYLANL	
0620	6	CERTIFICAT	E OF DEAT	TH			061	36
1. PLACE OF DEAT a. CDUNTY	H	Contraction of the contraction o	2. USUAL RESID	ENCE (Where			Idence before	admission)
B:	altimore	MARYLAND	a. STATE Marvl	and		ounty Iontgom	A7777	0
	VN (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		corporate limits,	Write RURAL e	nd give near	est town)
		5 days	0-3+1-					
	more 12 SPITAL OR INSTITUTION (If not in			ersbu	ırg	15	I A. IS R	ESIDENCE
		mospital, give street address/					ON /	FARM?
	ost N. H.		105 0	Chestr			YES	NOTE
3. NAME OF DECEASED	First	Middle	Lest	4. DA	TE M	onth	Day \	/ear
(Type or print)		illiam	Beall	DE	ATH ME	Ly	1 1	967
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year last birthda	IF UNDER 1		
M	W WIDDWE	DIVORCED T	May 30,1	1887	79 vrs		ays Hour	s Min.
10a. USUAL OCCUPA	TION (Give kind of work done 10b.	KIND OF BUSINESS OR			tate, or foreign cou	ntry) 12. CIT	IZEN OF WH	AT
Bod Trans	Mail Clerk U.	S.Gov t.	Virgini	9		USA		
13. FATHER'S NAM	ME OTOTAL	D. 40V 0.	14. MOTHER'S M		E	1 0 01		
			Mary E.	Clan	ante			
	S E. Beall EVERINU.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	OTON		drace		
(Yes, no, or unkown)	(If yes give war or dates of service)				443	dress 3901d Y	ork l	Rd.
No	15	77-58-8836 M	rs.Mary H	E.O'Br	rien Baj	to. 1	ld.	
18. CAUSE OF	DEATH [Enter only one cause pe	r line for (a), (b), and (c).]	16				ONSET AN	BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sumbliate	Jarcon	mai		-60	011021 7111	
2000		11/1/100					1700	- 11 / 12
Conditions, if	any which \							
gave rise to	Immediate (y						
cause (a), s	and treat					_ =		
underlying cau	SIGNIFICANT CONDITIONS CONTRI	RITING TO DEATH BUT NOT DEL	ATED TO THE TERMIN	IAI DISEASE	CONDITIONGIVE	IN PART 1(a)	119. WAS	AUTOPSY
TA PARTITIONER	SIGNIFICANT CONDITIONS CONTIN	DOTTING TO DEATH DOT NOT KEE	ALED TO THE TERMIN	INE DISENSE	0011011101141112		PERF	ORMED?
9E		DEAD IDE HOW WILLIAM COO	Upper Calabara	a of Indiana	la Dant I au Dant	II of Itom 10	YES _	NO X
PART II. OTHER 20a. ACCIDENT DR CDNTRIBUT (IF EITHER, NO	T WAS UNDERLYING 20b. TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter natur	re or injury	IN Part I or Part	II or item 18.)		
Z 20c. TIME OF	INJURY Month, Day, Year 20d	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hom	e, farm, 20	of. (City or town) (Cour	ity)	(State)
20c. TIME OF Hour e.		IE NOT WALLS	ory, street, office bid	g., etc.)				
	.m. 19 at w		Th: 1 15	10/7	to Mad	1 10/	11 -1 (1)	(wa) look
	Ify that (I) (this hospital) atter	nded the deceased from	Moute 10	, 196/	10	1 1967		(we) last
V = 11 1111 1111	eceased alive on Muy	196/, and the	at death occurred	atla	i; from the caus		e date stat	ed above.
22a. SIGNATU		4	ATTENDING	MED.	STAFF	5/1	167	
Lau	reuce (. 10s)	M.	D. PHYS.	DIRECTO	OR PHYS.		01	
22c. RHYSICI NAME (1	(VDe)	G D	22d. ADDRESS		Rd., Ba	7+0 7	2 Ma	
· ·	Dr. Laurenc							
23a. BURIAL, CRE REMOVAL (Sp	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY		LOCATION (CIT		nty)	(State)
Burial	5-3-67	St. Rose			itherst		Mc	
24. FUNERAL DIR	RECTOR	ADDRESS	25e.	REC'D BY F	REGISTRAR 25b.	REGISTRAR'S	SIGNATURI	
H.W.Jen	kins & Sons Co	.4905 York Ro	d. DATA	MAY 2	1967	Minte	o Judy	2
		Balto., Md.	IDAIL	2			0 0	

VR A15 (4) 15M 4-64

. Add South end Co. THE THE ALL AND ADDRESS OF THE ADDRE and the state of the second se no vine in the second Wiscilles & Besile . Bij segate Burgoshini. .fd.Sf., waster ... | dest interest ... dest ... statement ... the Laboratory Ages of This control of the Control MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06207 CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admirsting PLACE OF DEATH a COUNTY b. COUNTY Maryland after MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) by the ru Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) papers. Page hin 72 haurs a Catonsville 1 day Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) E d. STREET ADDRESS filled 608 Stacy Court 3222 3229 Shelburne Rd. Middle 3. NAME OF First 4. DATE Month remaye carban completely DECEASED May (Type or print) DEATH Anna Marv Beeler event S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdov) Nov. 6, 1893 White Female WIDOWED * DIVORCED and in any pup 10a, USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY physician Baltimore, Maryland not employed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Melvin Holland Delia Grady attending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service) Dermit. 50 217-03-4821 Mr. Charles Beeler 608 Stacy Court crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by DUF TO burial. Conditions, if ony, which gave rise to immediate couse (a). DUE TO as the stating the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) this 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour a.m. Nat While non 10 at wark at wark pe 21. I certify that (I) (this haspital) attended the deceased from 1965 to pluods 19 68, and that death occurred of 1/2M, fram causes and an the date stoted obave. with the saw the deceosed alive on. O FUNERAL DIRECTOR: 22a. SIGNATURE director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. REMOYAL (Specify) Cockeysville.Maryland May 5.1967 Dulaney Valley Cemetery Bur ial 24. FUNERAL DIRECTOR
TOWNSON 1050 York Road 25g. REC'D BY REGISTRAR

Towson, Maryland 21204

Page 4 may b VR A15 (4) 20 M 1/66

the death certificate be executed within 24 hours after death

ATTENDING PHYSICIAN: The law requires that

the haspital ar attending

be retained by

OR

25b. REGISTRAR'S SIGNATURE

Baltimore

Day

2

Days

12. CITIZEN OF WHAT

COUNTRY? U.S.A.

IF UNDER 1 YEAR

Months

e IS RESIDENCE ON A FARM?

YES NO X

Year

1967

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNED

(County)

NO A

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE_(Where deceased lived, if institution: Residence_before_admission) o. STATE A MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street oddress) d. STREET ADDRESS GOLONIAL NAME OF DATE Month DECEASED May DEATH (Type or print) S. SEX AGE (In years IF UNDER 1 NEVER MARRIEO birthdoy) Months WIDOWED DIVORCED 10b. KIND OF BUILD STODET OF 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) Illinois Retired - Chief Inspector Balto. Comme rce 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jared Rose Van Gundy 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dotes of service Mrs. Carmelite B. Benedict same address CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: VASCULAR ACCIDENT FUINDAIA IMMEDIATE CAUSE (o) CHF Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at 8:15 PM, from causes and on the date stated above. 1116 saw the deceased alive an.

far use as the t Health prior to b ar attending O FUNERAL DIRECTOR: After this certificate far by the haspital detached for the Dept. af H OR ATTENDING be retained director, page 3 shauld be filed v Page 4 may VR A15 (4) 20 M 1/66

executed within 24 haurs after death

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attending permit. The

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signed by

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ar remaval,

burial, crematian,

buriol-transit

24. FUNERAL DIRECTOR

23b. DATE THEREOF

22c. PHYSICIAN'S

230. BURIAL, CREMATION,

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Memorial Cemet.

DIRECTOR

ATTENDING

22d ADDRESS

23d. LOCATION (City or Town) (County) Towson. Md.

STAFF

COUNTY

250 REC'D BY REGISTRAR MAY DATE

2Sb. REGISTRAR'S SIGNATURE

06198

Doy

11

YFAR

Doys

COUNTRY ?

IS RESIDENC

ON A FARM? YES

Year

IF LINDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ems#13&11Film#G389 6/2/67 DECERTIFICATE OF DEATH

Trement Towards Trumany 0/2/01 DCCERTIFICA	LE UF, DEATH,
1. PLACE OF DEATH a. COUNTY Relimone	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission,
Daltimore	a. STATE ryland b. COUNTY Baltimore
b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 15	
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	Bath the Al Ander of Md.
A Mark of Book and the Control of th	Battimore 30 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress	d. STREET ADDRESS 1606 E. Lanvale Street IS RESIDENCE ON A FARM?
Baptist Home of Maryland Z	
3. NAME OF First Middle	Last 4. OATE Month Day Year
(Type or print) Allille Lee	Bennett OF May 19, 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS
female white widowed DIVORCED	April 8, 1864 part orthogy Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life open if retired) INDUSTRY	Richmond, Va. COUNTRY
13. FATHER'S NAME Clement C. Tinsley	14. MOTHER'S MAIDEN NAME Margaret Glazebrook
AT WENT IP! / RIGHT HATT	CLEMENT/C//YYMENOY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17	
(Yes no or unknwn) ((If yes nive war or dates of service))	Address
	Baptist Home of Md. Owings Mills, Md
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	P' ble & 2 P INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Columnic Come	gestine Heart Forline ONSET AND DEATH
	Più Cal Breene
Conditions, if any, which) (b) Went there	The Colfrence
gave rise to immediate	
underlying course least	
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
	PERFORMED?
202 ACCIDENT WAS INDEED VINCED 1 205 DESCRIPE HOW INHERY OCC	YES NO DECEMBED. (Enter nature of injury in Part I or Part II of Item 18.)
☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONNELL. (Enter nature of injury in Part I of Part II of Item 18.)
<u> </u>	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While fac'	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Jan 1900 to man 19 196 / that (1) (we) last
the state of the s	at death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Milwell Brech	ATTENDING - MED STAFF -
22a DUVELCIANIE	I.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type) Dr. M. Paul Byerly	22d. ADDRESS York Rd.
3a. BURIAL CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETER BALLING	Balto., Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Mitchell-Wiedefeld Home 6500 You	CK Rd. DAMAY 23 1967 Icharles Judge
Balto Md 21212	

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0621	0		CERTIFICAT	TE OF DEATH					062	00
1 PLACE OF DEAT	Н		MARYLAND	2. USUAL RESIDENCE (Maryland	(Where decease	ed lived, if institut b. COU		nce befor	e admissi	any
Temale White 10a. USUAL OCCUPATION (Give kind of we during most of working life even if retire the property of the property o	N (If outside corporate limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corparat	te limits, write RU	RAL and giv	e neares	t town)	
Balti	nore		45yrs.	Baltimore					20.4	
d. NAME OF HOS	PITAL OR INSTITUTION (IF	nat in haspital, g	ive street address)	d. STREET ADDRESS	4				o. IS RESI	DENCE ARM?
St. Jose	ph Hospital			2717 West	tfield	Ave.	17.04		YES 🗌	NO X
	F	irst	Middle	Lost	4. DATE	Mon	th	Doy		
(Type or print)	S	arah	E.	Bewick	OF DEATH	5		2	_ ''	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER Months	1 YEAR Doys	Hours	R 24 HRS. Min.
Female White WIDOWED & DIVORCED 1/8/1899 Cost birthdoy) 100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR G. WEDSTRY Co. 11. BIRTHPLACE (County & State, or fareign country) England 13. FATHER'S NAME Richard Jennings 14. MOTHER'S MAIDEN NAME Catherine				191111.						
10a. USUAL OCCUPAT	ION (Give kind of work done				y & State, or for	eign country)	12. CI	TIZEN OF	WHAT	
Telephor	ne Operator	G.&	E. Co.		4-6-21		-	US.	A	
13. FATHER'S NAMI		Jenning	s	14. MOTHER'S MAIDEN		herine G	forman	1		
15. WAS DECEASED (Yes, na, Nunknaw	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates	of service) 21	7-12-9881A	informant Irs. Dorothea	Horse	y Addr		Sam	•)	
18. CAUSE OF PART I. I	DEATH (Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE	D	(a), (b), and (c).)	ency					ERVAL BET SET AND I	
rise to immed stating the ur lost.	any, which gave liate cause (a), derlying cause	E 10 (c)	minal stage o					Lie	WAS AUT	OBCY
S PART II. OTHER			O DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART I(0)			PERFORM	MED?
Hypost. 200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part	II of item 18.)		Y	ES S	NO _
	a.m. p.m. 19	While at wark	Nat While of	PLACE OF INJURY (Hame, far actory, street, office bldg., etc	.)	(City ar town)	774	ounty)	377	(State)
21. I ce saw the	rtify that (A) (this ha	spital) attend 21	ded the deceased fram. 1957_, and t	4/25/ hat death accurred a	1907 to	a 5/21 I, fram causes	, 19	07, tl	nat (X) (te state	(we) la d abav
22a. SIGNATU		ul-	9	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		y 22	NED . 19	67
22c. PHYSICIA NAME (T		Orjuel	a-Gomez, M.D.			Towson	Md.	212	04	
23a. BURIAL, CREM. REMOMAL (Sp.		HEREOF 5/67.	23c. NAME OF CEMETERY C	or CREMATORY Cemete		CATION (City or To Baltim		(County	(5	Stote)
24. FUNERAL DIRE	CTOR		ADDRESS	2So. REC	D BY REGISTR	AR 367 25b.	O'STRAR'S	SIGNATU	udg	L

executed within 24 haurs after death. and caraptetely filled in by **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in bidirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hou **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physician.

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06211

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

06201

PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COUNT	
b. CITY OR TOWN (If outsic write RURAL and give n	de corporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RURA	
d. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospitol, g		d. STREET ADDRESS	Belair Road	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	St.Joseph Hosp First John	Middle Henry	lost Bilzer	4. DATE Month OF May	Doy Year 21, 19 67
S. SEX 6. CO	LOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9-22-01	65 birthdoy)	IF UNDER 1 YEAR 1F UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give k during most of working life, eve		ND OF BUSINESS OR IDUSTRY Martin Co.	11. BIRTHPLACE (County Baltimon	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	Edward Bilzer		14. MOTHER'S MAIDEN N	Unknown	
15. WAS DECEASED EVER IN U.S (Yes no or unknown) (If yes o	ARMED FORCES? give wor or dotes of service 14	SOCIAL SECURITY NO. 17. Mg	informant rs. Mary Bil	Address Zer	(Same)
PART I. DEATH WAS	gove (b) Oc	(o), (b), ond (c).) ute myocardia. clusion, left teriosclerosis	coronary art	ery.	INTERVAL BETWEEN ONSET AND DEATH
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH				19. WAS AUTOPSY PERFORMED? YES X NO
20c. TIME OF INJURY Mo Hour o.m.	onth, Doy, Yeor 20d. II While	Not While of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (Stote)
21. I certify the saw the decease	ot (IX (this haspital) atten	ded the deceased fram_ 21, 1967, and the	at death accurred at	9 67, to May 2 4:55AM, fram causes of	19 07, that XXX (we) last nd an the date stated above
22c. PHYSICIANS NAME (Type)	anuel S. Cockb		A.D. ATTENDING PHYS. 22d. ADDRESS 7620 Yor	MED. STAFF DIRECTOR PHYS. D	22b. DATE SIGNED May 21,1967 Md. 21204
230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 5/24/67.	23c. NAME OF CEMETERY OF Holy redeem	er Cemetery	23d. LOCATION (City or Town Baltimon	
24. FUNERAL DIRECTOR R	uck, Inc. Balt	.o. Md. 21214			ISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

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FOR STATE DEPT. HEALTH

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the state Department af

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MESCAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

Health priar to buriol, crematian, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06212

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06202

_													
1.	PLACE OF DEATH o. COUNTY	BALTIMORE			MARYLA	AND	2. USUAL RE		Where decease	ed lived, if in b. ania	stitutian: Res COUNTY	idence befare	admission
	b. CITY OR TOWN (write RURAL an	If outside corporate limit d give nearest tawn) Tows on	s,	C	. LENGTH OF STAY IN	16		WN (If ou		te limits, writ	e RURAL ond		
-		TAL OR INSTITUTION (If n	at in ha	spital, give	street address)		d. STREET AD		ru,			73	
	Greate:	r Baltimore	Med	lical	Center			Rur	al			У	ON A FARM?
3.	NAME OF DECEASED (Type or print)		rst LIAN	1	Middle A .		Last BISH		4. DATE OF DEATH		Month May	Day	Year 19 67
S.	Male	6. COLOR OR RACE White		RRIED X	NEVER MARRIED DIVORCED		B. DATE OF BIR 4/28/		9	last birthda			Haurs Min.
	o. USUAL OCCUPATION	N (Give kind of work done		10b. KIND	OF BUSINESS OR RALCON. CO	0.		ACE (State	or foreign co	untry)		CITIZEN OF COUNTRY?	WHAT
13	EATHER'S NAME	105 T 2016					14. MOTHER'S	MAIDEN	NAME				
		CLARENCE					ETHEI	WIT	SON				
15	es, na, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service		IAL SECURITY NO.	1	NFORMANT [ARY B]	CSH,	MCDO	NALD,	PA .		
	Conditions, if ony rise to immediat stating the under last. PART II. OTHER S	, which gave)	(b) TO	JTING TO I	DEATH BUT NOT RELAT	ED TO 1	THE TERMINAL D	ISEASE COR	NDITION GIVE	N IN PART 10		19.	WAS AUTOPSY
CERTIFICATION	20a. EXTERNAL CA	AUSE WAS			IBE HOW INJURY OCC					<u> </u>			PEREORMED?
MEDICAL CE	CAUSE OF DEATH. 20c. TIME OF INJ Haur a.	10		20d. INJUI While at wark	RY OCCURRED 2 Not While of work		CE OF INJURY (Fairy, street, office			(City or tow	n)	(Caunty)	(Stote)
	deoth resul	Charles.	J-equis	ses X,	Accident [],	ve, he Suic	ide, F CHIE M.D. ASSIS	fomicide F MEDICAL STANT MED	Inspecti , U EXAMINER OICAL EXAMINER	ndetermine		2:	in my opiniar 2. DATE SIGNED
	EXAMINER'S NAME (Type)	Charles S					Addı		t, city, tawn,	or county)		5, 19	
L	a. BURIAL, CREMATI REMOVAL (Specifor BURIA)	5/8/6			23c. NAME OF CEMETE MIDIVAY		CREMATORY EM			DIVAY,		(County)	(State)
I I	4. FUNERAL DIRECTO	HUBBARD 4	107	WILK	KENS AVE.	21	229	2Sa NEST	8 REGISTE	1967 ²⁵¹	golia	S SIGNATURI	udge

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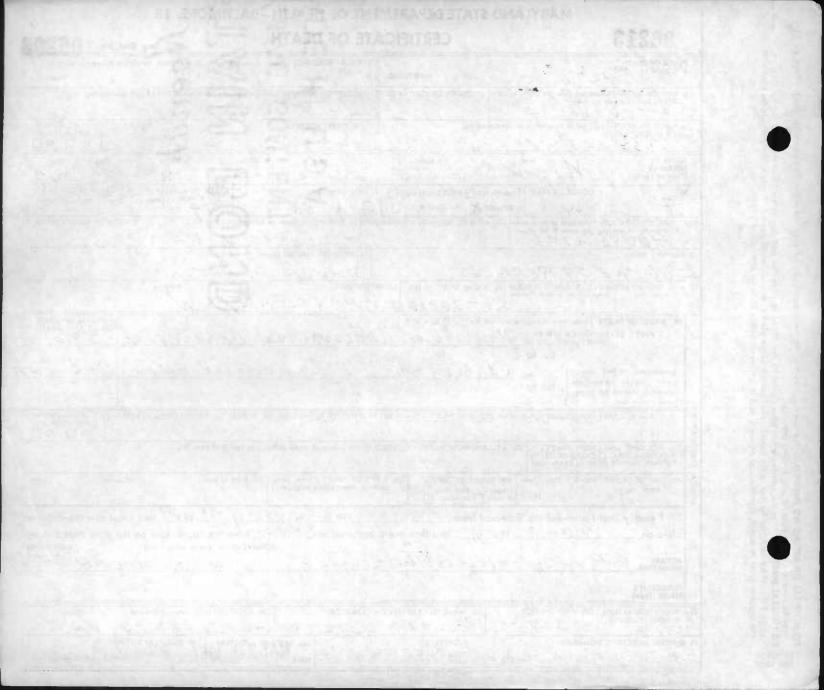
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

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1	o. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. I o. STATE b. (f institution: Residence	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 1b	c. CITY OR TOWN (If outside corporate limits	s, write RURAL and give	nearest tawn)
	CATONSVILLE		DHLTIMORL		12-1
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR, INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
	HOUSE IN PINES CONV. A	tonE	4457 SCOTIA	Rd	ON A FARM? YES NO
3	DECEASED	Middle SLL	Blake OF DEATH	Month May	Day Year
S	6. COLOR OR RACE 7. MARRIED NEVER /	MARRIED	8. DATE OF BIRTH 9. AGE (last bi	rthdoy) Months Do	EAR IF UNDER 24 HRS.
1			=/3/08	yrs.	
ľ	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	ESS OR INDUS	TRY 11. 81RTHPLACE (State or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
1.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	A. O	S. a.
	EUGENE STREAGLE		MANONE BUNGT	-11	
1	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	Y NO. 17. H	FORMANT	Address	
(Yes, no. or unknown) (II yes, give wor or dates of service)	211-12	HARRY EMERS	24/	
=	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), or	d (c).1	1111111 -11-100	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Generale	is a	Closernal Car		ONSEL AND DEATH
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	Conditions, if ony, which) (b) Careurs	ma	- gransverse	Colon	Unberown
	gove rise to immediate couse (o), stoting the under-		8		
1.	lying couse lost. (c)				
CEDTICIO ATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED? YES NO
		JRY OCCURRED). (Enter nature of injury in Port I or Port II of item	n 18.)	
VEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRE		CE OF INJURY (Home, farm, 20f. (City or town)	(Cou	nty) (Stote)
NED.	Hour a.m. p. m. 19 While Not while at work of work] 100	tory, street, office bldg., etc.)		
	21. I certify that I attended the deceased fram.		19 10 May 21.	1967 that I las	t saw the deceased
	MA MA / M		accurred at 5.304M, from the co		
1	1. 1. 4 /	-1	ADDRESS (Street, city		DATE SIGNED
	SIGNATURE Bradly Laugha	lley	A.D. 1264 Francis kar	Seltimerr	Med 5.21.6
	PHYSICIAN'S NAME (Type)				
2	70. BURIAL, CREMATION, 126. DATE THEREOF 12c. NAME OF STREMOVAL (Specify) 5/24/67 BELLY	CEMETERY OF	CREMATORY 22d. LOCATION (City CEMETER & GLOUC	town, or county) ESTER	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS			b. REGISTRAR'S SIGN	ATURE
1	BRIDGES FUNL, HOME GLOS	CEST.	ER, VA. DATE MAY 29 1967	garante	4 Judge
9	I UNUA WILL PILL	21	ha d		



d'al 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **DIVISION OF STATISTICAL RESEARCH** 06214 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Baltimore MARYLAND	a. STATE b. COUNTY Maryland
6. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1	
write RURAL and give nearest town) (Govans) Baltimore 12 26 yrs	Baltimore (Govans) 03,/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	
322 Regester Avenue	322 Regester Avenue YES NO K
	Last 4. DATE Month Day Year OF DEATH May 17, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1.8 DATE OF BIRTH 1.9 AGE (In years IF LINDER 1 YEAR HE LINDER 24 HRS
female white wIDOWED DIVORCED	May 20, 1908 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewife	Carroll County U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles L. Brauning	Mollie Shipley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) (If yes give war or dates of service)	7. INFORMANT 322 Regester Ave J. Wilbur Bollinger Boltimone 12 Md
	J. Wilbur Bollinger Baltimore 12, Md.
18. CAUSE OF DEATH [Enter only one cause per-Hine for (a), (b), and (c).1	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pronary I sombosis ONSET AND DEATH
420/ IMMEDIATE CAUSE (a) The Cause (b)	J. Manus
Conditions, if any, which	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RIVER OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Fa 20d. INJURY OCCURRED 20e. Fa 4 20d. INJURY OCCURRED 20e. Fa 20d. INJURY OCCURRED 20d. INJURY	PLACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	may 15 1967 to may 11 1967 that (1) (we) last
saw the deceased alive on may 16 1967, and the	hat teath occurred at . Tam, from the causes and on the date stated above.
22a. SIGNAFURE	22b. DATE SIGNED
Paraletide yers 6	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S Theodore al de Gueredo	22d. ADDRESS #23 Thornhill Rd. Lutherville-Nd.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	
REMOVAL (Specify) 5/20/67 Providence	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PART DOLUGED DUE TO Conditions, if one, which governor beliance of the distribution of the distrib	6205	OF DEATH G389 6/1/67 mnh		215	062	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospito), give street oddress) SPRING GROVE STATE HOSPITAL 3. NAME OF DECASE (Type or print) S. SEX 6. COLOR OR RACE White Whower Whower 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 13. WAME OF DECASE (Type or print) S. SEX 6. COLOR OR RACE White Whower 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If years) 16. SOCIAL SECURITY NO. (If yes give wor or dottes of service) 20. STATE 16. SOCIAL SECURITY NO. (If yes give wor or dottes of service) 17. INFORMANT Address Records: SPRING GROVE STATE HOSP 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: (In years) 16. SOCIAL SECURITY NO. (If yes give wor or dottes of service) 215-03-2622 Records: SPRING GROVE STATE HOSP 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Cardiac failure DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse (o);	efore admission)	22. USUAE RESIDENCE (Where deceased lived, if institution: Residence bef				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) SPRING GROVE STATE HOSPITAL 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White White Widower Middle SEX 6. COLOR OR RACE White Widower Middle Middle	orest town)	c. CITY OR TOWN (If autside corparate limits, write RURAL and give neor	c. LENGTH OF STAY IN 1b	R TOWN (If autside carparate limits,	b. CITY OR TO	
SPRING GROVE STATE HOSPITAL 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White White Wildle George G. Bookhultz Bookhultz Bookhultz Bookhultz FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HUT on their Rolling of Country Loc. 1500 West Baltimore Street Month Double To George G. Bookhultz June 8/, 1891 9. AGE (In yeers) In June 8/, 1892 7. AGE (In y	2.4			atonsville	Cat	3. S. S. 100 dur 13. (Yr
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White White Widowed To Married NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED June No. 1893 72 (St. brinder) Months Death May 20. DIVORCED June No. 1893 72 (St. brinder) Months Death May 20. DIVORCED June No. 1893 72 (St. brinder) Months Death D	e. IS RESIDENCE ON A FARM?					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTHI 0, 1891; 9. AGE (In years male white white widowed to DIVORCED June 8/, 1893; 72 (In) Hady) 72 (In) Hady) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN (Carpenter NAME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Tes, no, ar unknown) (Iff yes give wor or dotes of service) 215-03-2622 Records: SPRING GROVE STATE HOSP 15. CONTRIBUTIONS, if ony, which gave is to in mediate couse (o), stating the underlying couse (is) 15. CONTRIBUTIONS (CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIO	YES NO	1500 West Baltimore Street	HOSPITAL	G GROVE STATE	SPRING	J. PLA a. C b. C b. C d. N SPF 3. NAA DEC (Typ) S. SEX Ma 100. US during t Co ris stc los PA 20 OR OR (IF OR OR OR OR OR OR OR OR OR O
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 0, 1891 9. AGE (in years inset by thick with do white during most of working life, even if retired) 10. USDAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Graph of the work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Graph of the work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Graph of the work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Graph of the work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Graph of the work done during most of working life, even if retired) 10. SUSIAL OCCUPATION (Graph of the work done during most of work done	Day Year 4 19 6 7	OF)	DECEASED	
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INDUSTRY Maryland JAMES OF DECASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wor ar dotes af service) 2315-03-2622 Records: SPRING GROVE STATE HOSP IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20a. ACCIDENT WAS UNDERLYING CONCERNING TO DEATH HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item IB.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that A (this hospital) attended the deceased from Oct. 20c. 1964, to 3-24, 19.57.	ys Haurs Min.	June 8, 1893/ 72/18/ yrs. Months	DOWED DIVORCED	white w	male	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) 17. INFORMANT Address Records: SPRING GROVE STATE HOSP 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Stoting the underlying couse of the couse (o), stoting the underlying couse of the couse (o), stoting the underlying couse of the couse (o), stoting the underlying couse of the course	OF WHAT	COUNTRY		of working life, even if retired)	luring most of wo	duri
(Yes, na, ar unknown) (If yes give wor ar dotes af service) 2315-03-2622 Records: SPRING GROVE STATE HOSP B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiac failure						
Cardiac failure Conditions, if ony, which gave rise ta immediate couse (o), stating the underlying couse Cardiac failure Conditions, if ony, which gave rise ta immediate couse (o), stating the underlying couse Cardiac failure Cardiac failure Cardiac failure Conditions, if ony, which gave rise ta immediate couse (o), stating the underlying couse Cardiac failure Cardiac failure Cardiac failure Cardiac failure Cardiac failure Conditions, if ony, which gave rise ta immediate couse (o), stating the underlying couse Cardiac failure Cardiac failure Cardiac failure Conditions, if ony, which gave rise ta immediate couse (o), stating the underlying couse Cardiac failure Cardi						
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Stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20a. ACCIDENT WAS UNDERLYING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While of wark of w		cardiovascular disease	Arteriosclerotic			ш
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While of wark of wa					stating the	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20c. ACCIDENT WAS UNDERLYING CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 While of work of work 21. I certify that (It is hospital) attended the deceased from 21. I certify that (It is hospital) attended the deceased from 22. 1964, ta 37-24, 1967.						
20c. TIME OF INJURY Month, Day, Year While at wark of wark 21. I certify that A (this hospital) attended the deceased fram 000000000000000000000000000000000000	19. WAS AUTOPSY PERFORMED? YES NO	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	BUTING TO DEATH BUT NOT RELATED TO TH	OTHER SIGNIFICANT CONDITIONS CONTR	PART II. OTH	ATION
21. I certify that (A) (this hospital) attended the deceased fram Oct. 6, 1964, ta 5-24, 1967.		Enter nature of injury in Port I or Part II of item 1B.)	20b. DESCRIBE HOW INJURY OCCURRED. (E	RIBUTING CAUSE OF DEATH	20a. ACCIDEN OR CONTRIBI (IF EITHER, N	L CERTIFIC
ZI, I certify find (i) (iii) hospital) afferrage file deceased fight		ary, street, affice bldg., etc.)	While Not While foctor	Haur a.m.	20c. TIME O	MEDICA
saw the decorat alive an 1 = 4 = 10 (A) and that death accurred at 1 2 M from source and on the	that (I) (we) la		attended the deceased fram	I certify that (4) (this hospital	21. 1	
	date stated abov	death accurred at 6.19 M, fram couses and on the do	- 24 1967, and that	v the deceased alive an <u>5</u>		
Mrus Melle M.D. ATTENDING MED. STAFF PHYS. 1 5/-	1GNED 24/67	PHYS. DIRECTOR PHYS.	Meilles M.D.	/1//	22a. SIGNA	
NAME/Type) ACC ACE II I TO ALL	OSPITAL 228	22d. ADDRESS SPRING GROVE STATE HO Baltimore, Maryland 212	MEILLER, M.D	AME (Type) MORRIS		
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (Cou	enty) (State)	REMATORY . 23d. LOCATION (City or Town) (Coun		A1 /C	REMOVAL (S	230

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

25M 1/67

. Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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S	e)	0	by used as a burial-transit permit. File pages land 2 with the state department of	

This certificate should be execut

the funeral director.

06216

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY BATTMORE MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Lutherville BANDMERE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4312 BARRINGTON Cou NAME OF Middle First Lost 4. DATE DECEASED Louis Charles DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years 7. MARRIED birthday) last 6/7/03 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Electrician INDUSTRY Proctor & Gamble Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Kuhlow Louis C. Borcherding, Sr. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, por unknawn) (If yes give war ar dates af service) Mrs. Helen R. Borcherding Barrington Rd. permi 214-01-8979 removo CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) buriol-transit PART I. DEATH WAS CAUSED BY INFARCTION 0 IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying cause last burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) prior 3 should PRIMARY ar CONTRIBUTING CAUSE OF DEATH. TO FUNERAL DIRECTOR: Page 3 sm. Health or its designated agent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Haur a.m. foctory, street, affice bldg., etc.) Not While at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural couses deoth resulted from: Accident Suicide Homicide retoined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Willia AMT may Address (Street, city, Tawh, of tour BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6/2/67 Loudon Park Cemetery

e. IS RESIDENCE ON A FARM?

NO A

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY

PERFORMED? NO

ond in my opinion

22. DATE SIGNED

(State)

YES

Day

30

12. CITIZEN OF WHAT

USA

COUNTRY?

4312

(County)

(Coun

2122 9

IF UNDER 1 YEAR

Months

Manth

Address

Undetermined monner 23d. LOCATION (City or Town) Baltimore, Maryland RECIDIBY REGISTRAP 1967 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURES VR A15ME (5) Howard H. Hubbard 4107 Wilkens Ave. 6M 1/66

MADVIAND CTATE DEDADTMENT OF HEALTH

	MAKILAN	D SIAIC DEFAI	CHACIAL OF	LUCALIU		
DIVISION OF	VITAL RECORDS,	301 W. PRESTON	STREET, BA	LTIMORE,	MARYLAND	2120

MARYLAND

06217

1. PLACE OF DEATH
o. COUNTY.

CERTIFICATE OF DEATH

o. STATE

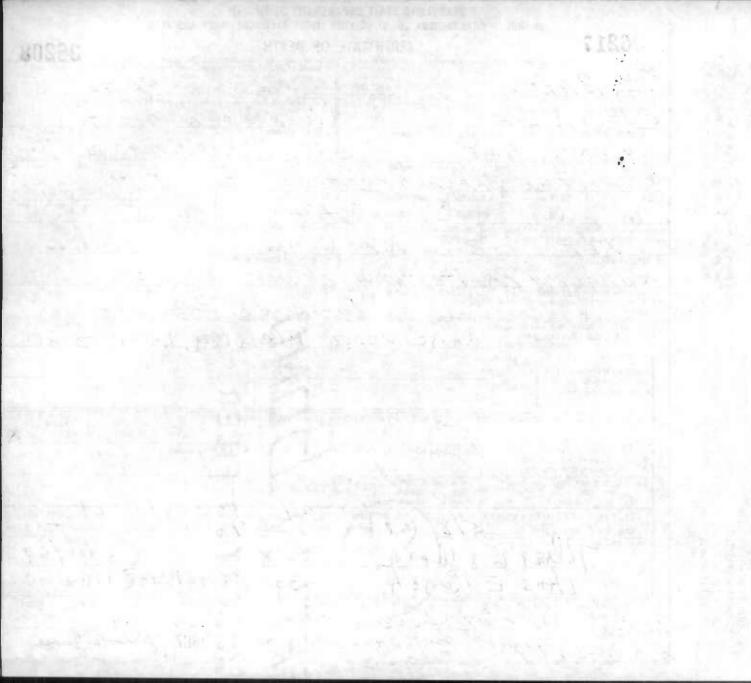
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17	1 3	2	1 2	63

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 3 should be detached far use as the burial-transit permit. Then please remove—expan papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

b. CITY OR TOWN (If outside corporate limits, write, RURAL and give pearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CATONSVILLE	WOODLAWN 21207 121
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
SUMMIT HOME	5920 TOHINNYCAKE Rd YES NO
NAME OF First Middle	Lost 4. DATE Month Doy Year
OHN BERNARD BREI	TENBACH DEATH 5/9 1967
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
m W WIDOWED DIVORCED 1	Iost birthdoy Months Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
B. YO. R. R.	Md COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RUDOLPH BREITENBACH	LOUISE HENNEGIN
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
NO	ANKLIN R. BREITEN BACH
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CABCINOMO	4 Meyra Left 35/485
/ DUE TO	
Conditions, if ony, which gove) (b)	
rise to immediate couse (a), storing the underlying couse DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO
	Enter noture of injury in Part I or Port II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o.m. p.m. 19 While of work of work	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram	2/5, 19 6 6 ta 3/9, 196 /that (1) (we) las
	death accurred at 92 M, from couses and on the date stated obove
220. SIGNATURE	22b. DATE SIGNED
1 My To X work M.D	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DISTAFF
22c. PHYSICIAN'S	22d. ADDRESS P. J. L. Z. J. Z.
NAME (Type) Thus Elloach	3330 DACTULVATE LINE
o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City or Town) (County) (Stote)
REMOVAL (Specify) 5/12/67 LOUDON.	PARK BALTO ML
4. FUNERAL DIRECTOR 30/ FOR ADDRESS BULL	250 RECUBY REGISTRAS CT 25b. PAGISTRAR'S SIGNATURE
.S. MALNABB 21228	DATE DATE



VS A15 (4) 15M 9/58

06218

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Rea	Dist.	No	0	62	nu	ì

, -				Re	g. Dist. No.
1. PLACE OF DEATH G. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	ere deceased lived. If institution: (and b. COUNTY	Residence before admission) Baltimo re
b. CITY OR TOWN RURAL ond give Rural-Ro	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURA edale	L ond give nearest town)
d. NAME OF HOSP OR INSTITUTION	1328 Evening	A .	d. STREET ADDRESS 1328 Eve	ring Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type Or print)	(hristine	G. Brewer	Lost	4. DATE OF May 20 Month	Day Yeor 67
5. SEX Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 1, 1907	9. AGE (In years IF I	UNDER I YEAR IF UNDER 24 HRS. onths Days Hours Min.
during mpst of wo	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Joseph Levy		14. MOTHER'S MAIDEN N Elizabeth		
15. WAS DECEASED EV (Yes. 19. or unknown)		social security no. (hrystelle Bro	chneyer 2220 Jay	icee Dr. Joppa, Md.
Conditions, if gove rise to couse (o), stoting lying couse loss PART II. OT PART III. OT OR CONTRIBUTIN	immediate g the under. (c) THER SIGNIFICANT CONDITIONS	enosilerotu Diabele			ONSET AND DEATH Sudden US 10 yrs IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
20c. TIME OF INJU Hour o. m. p. m.	While	.3	LACE OF INJURY (Home, form poctory, street, office bldg., etc		(County) (State)
21. I certify alive on Actual signature PHYSICIAN'S NAME (Type)	that I attended the decease 1944 20 , 194 1944 20 , 1944 1944 1944 1944 1944 1944 1944 1944 1944	sed from MM 1 27 and that death Character MGDVC	1967, to 11 h accurred at 1 A WEY	May 20, 1967, the M. Fram the causes and a ADDRESS (Street, city or town, state 2/2/06	
220. BURIAL, CREMATI BURIAL (Specify			or CREMATORY with Cemetery	22d. LOCATION (City, town, or co Baltimore, Mary	ounty) (Stote)
22 JUNERAL DIRECTO	R'S STGNATURE 1211	ADDRESS Chesaco Avenu		was and	AR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06213

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TORSTATE	30ML0	COALO
EALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
e is	Baltimore MARYLAND	a. STATE b. COUNTY
Small E	b. CITY OR TOWN (If outside carporate limits	Maryland Baltimore c. CITY OR TOWN (if autside corparate limits, write RURAL and give nearest tawn)
a garage	write RURAL and give nearest town) ESSEX	a. Cit ox town (if doiside tolpaidle illinis, while Kokke and give neades town)
A . 4		Essex
any n P n P	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
State Do	Essex House Tavern	446 Eastern Avenue
death. I e Pages with far	3. NAME OF First Middle	Last 4. DATE Month Day Year
P o >	DECEASED (Type or print) HERBERT RICHARD	BRODNICK DEATH 5 3 19 67
Give ong w	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
0 ~ 7	Male White WIDOWED DIVORCED	last birthdoy) Manths Days Hours Mi
24 haurs in Item 18 er's Office ges 1 and 2 v after death	10a. USUAL OCCUPATION (Give kind all wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or lareign country) 12 CITIZEN OF WHAT
	during most af working life, even if retired) INDUSTRY	COUNTRY?
hin 24 ncil in niner's pages urs afte	CHAUFEUR ESTERN TAXI CAB C	O BALTIMORE MARYLAND USA
wille hai	BENJAMIN BRODNICK	ELIZABETH FISHER
ed in El	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
vecuted Iding" i Aedical permit.	NO UNKNOWN M	IR. LOUIS BRODNICK, 3921 BANCROFT ROAD
d be executed d "pending" i Chief Medical transit permit.	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	INTERVAL BETWEEN
ld be ord "pe Chief transit	PART I. DEATH WAS CAUSED BY:	monale ONSET AND DEATH
P 5 5 9	287V IMMEDIATE CAUSE (a) COL DULI	
shauld be en ward "per a the Chief burial-transit any event		y - (Pickwickian Syndrome)
the the the table the table the table the table the table table the table tabl	nse to immediate couse (a),	(Tickwickian Syndiome)
d it d	stating the underlying couse	
ificat fing rrded as q and	last. (c)	
This certificate shauld cate, writing the ward be farwarded to the Che used as a burial-transmayal, and in any ev	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
his ate, e fale be u	ATIC	YES XX NO
This icate, be for a be to rema	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE CONTRIBUTING CAUSE). (Enter nature of injury in Part I ar Part II al item 18.)
certific certific hauld b lles. shauld an, or r	PRIMARY or CONTRIBUTING cause of Death.	
NER thau thau tiles. I sha an,	3 20r TIME OF INITIRY Month Day Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State
(AMI)	Hour a.m. While Not While	ctary, street, affice bldg., etc.)
EXAMINES use the ce use 4 shau yaur files Page 3 shu crematian,	p.m. 17 af work — af wark —	
Pockect Far far al, al,	21. I certify that I took charge of the remains described above, h	
se exerctar. Pada far Pada far ECTOR burial,	death resulted from: Notural couses X , Accident \Box , Su	icide [_], Homicide [_], Undetermined monner [_]
MEDICA please e I director retained DIRECT or ta buri	ACTUAL RESIDENCE	CHIEF MEDICAL EXAMINER X
ple retrieved ar t	SIGNATURE / SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGN
UTY, Iny, erg be be price	EXAMINER'S	DEPUTY MEDICAL EXAMINER 5-3-67
SS up of color	NAME (Type) RUSSELL S. FISHER, M.D.	Address (Street, city, tawn, ar county)
	23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Town) (County) (State)
るまれるまり	BURIAL 5/4/67 OHEB SHALOM	RAITTHARE HARMIAND
M	BURIAL 5/4/67 OHEB SHALOM 24. FUNERAL DIRECTOR ADDRESS	BAITTMORE MARY LAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5)		
	SOL LEVINSON & BROS. INC., 6010 REIST.	, RD. DAMAY 8. 1967 Voliantes Judge

41530 Marie of the Salah Committee of the Salah Salah Salah West Committee to the committee of the c AMERICAN DESCRIPTION AND TWAT STATES AND STREET STREET, STREET NAC TONING THE STATE OF STATE The second of th AND THE STATE OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06220

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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EALIN DENT.	1. 1	PLACE OF DEATH					2. US	UAL RESIDENCE	(Where dece	osed lived, if inst	htution: Resider	ce before	odmission)
3 to 3 to Page int af		Balt	imore			MARYLAND	0.	Mary]	land	D. C	Balt	imore	9	
elay d 3 d 3	1	D. CITY OR TOWN (It autside carparati	e limits,	c. LENGT	H OF STAY IN 16	c. CIT	Y OR TOWN (If	outside carpo	rote limits, write	RURAL ond giv	e nearest	lawn)	
y del and M3.		Edgene	d give nearest tow	n)	21	Years		Edgen	nere		03	-/		
Depo B. 2.	(. NAME OF HOSPIT	TAL OR INSTITUTION	(If not in haspital,	give street	oddress)	d. STI	REET ADDRESS		DC.		e.	IS RESIDE ON A FAR	NCE
- 8 0 P		2523 S.	Snyder .	Ave.			25	323 S. S	Snyder	Ave.		УE		10 X
for death. I Give Pages and with for the state		NAME OF DECEASED		First		Middle		Lost	4. DATE	- N	Nanth	Day	Year	
Give Give ang w		Type or print)		Venton		J.		Brooks	DEAT		May	16	1967	
after a Give alang with the	S. S		6. COLOR OR RA	CE 7. MARRIED	NEV	VER MARRIED		OF BIRTH		 AGE (In years last birthdox 			F UNDER 2 Hours	4 HRS
18 ce		ale	White	WIDOWED		DIVORCED		L/15		last birthdoy 52 yr				
shauld be executed within 24 haurs ward "pending" in pencil in Item 18 the Chief Medical Examiner's Office carial-transit permit. File pages 1 and 2 vany event within 72 haurs after death	10o.	USUAL OCCUPATION	N (Give kind of work		KIND OF BUS		11.	BIRTHPLACE (Stat	te or fareign	country)		TIZEN OF V	VHAT	
24 in lin lin lin lin lin lin lin lin lin l			life, even if retired)	Beth	lehen	Steel (rginia				U. S.	. A.	
within 24 n pencil in Examiner's File pages 2 haurs afte	13.	FATHER'S NAME					14. M	NOTHER'S MAIDEN	I NAME					
with per Exam File		David B						Clevi	e Bro					
ed in	15. (Ye	WAS DECEASED EVE	ER IN U.S. ARMED FO	dotes of service) 21	SOCIAL SEC	URITY NO.		ANT (Wife			ddr Edgem			
executed nding" ii Medical permit.	1.0	No	() o s g	21	L7 - 07-	7081 N	irs. F	lorence	Broo	ks, 2523	3 S. Sn	yder	Ave.	,
d be executed d "pending" : Chief Medical transit permit.		IB. CAUSE OF D	EATH (Enter only o	ne couse per line	(a), (b), o	nd_1c).)			10	call.	11.		VAL BETW	
shauld be en ward "pe a the Chief a the Chief burial-transit any event		PAKI I. UEA	IMMEDIATE		Cu	LOKO	na	nary	0	Juli	son	ONSE	I AND DE	ATEL
hauld ward the Ch rrial-tra		4001		DUE TO		1		100	1.	1	-1			
shaul e wa a the ourial- any		Canditians, if any		(b)	m	ulls	wis	40	gra	wor	sul	-		
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ertificat writing the warded warded sed as a a al, and		lost.)	(c)	V	esea	0							
s certificate sl	× ×	PART II. OTHER SI	IGNIFICANT CONDITI	IONS CONTRIBUTING	TO DEATHA	NOT RELATED	TO THE TER	MINAL DISEASE C	ONDITION GI	/EN IN PART 1(o)		19. V	VAS AUTOF	SY)?
	CERTIFICATION		Mrm	u key	chal	Low	171	7 He	2000	1		YES	N	0 [
Thi ficat ficat l be Id be	RTE	20o. EXTERNAL CA PRIMARY ☐ or CO		206. D	ESCRIBE HO	W INJURY OCCURR	ED. (Enter n	atore of injury i	n Port I or	H of item 18.)			
	1 00	CAUSE OF DEATH.	MIKIDOTINO L	100-00						7				
事る表示の言	MEDICAL	20c. TIME OF INJ	URY Month, Day,)		INJURY OCC			JURY (Hame, fa et, office bldg., et		(City or town) (Co	unty)	(S1	ote)
(AN)	ME	p.1	m.	19 While of wo		While work	Toctory, sile	er, ornice blug., er	(.)					
		21. I certif	y that I took	charge af the re	mains de	scribed abave,	held an	Autapsy 🗌	, Inspec	tian 🛣, li	nquiry X,	and i	n my a	pinic
MEDICAL Illease exec directar. Per etained far DIRECTOR: ta burial,		death resul	ted from: N	latural cayses	X Acc	ident, S	vicide [], Hamicid	e 🔲 .	Jndetermined	manner []		
MED lease direct traine traine tra b		ACTUAL	+ Pina	0 1	10-			CHIEF MEDICA	L EXAMINER	□ 10°	Main	St.		
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ERA Pri		EXAMINER'S	Theedown	0 7-11		14 5		DEPUTY MEDI	CAL EXAMINE	D. PRINCE	,		5/16	16
o DEPUTY necessary, p the funeral 5 may be re 6 FUNERAL Health priar	00			C. Patte		M. D.	OD CREME	Address (Stre		i, or county) ME				
TO D The S THEO	230	BURIAL, CREMATIC REMOVAL (Specify BUT La T		19/67		ens of F			23d.	OCATION (City or		(County)	(Sto	,
1	2.4	EUNERAL DIRECTO		13/01		DDRESS	altil		CD BY REGIS	TRAR 1 25h	Balti	IGNATURE	MU	
VR A15ME (5)				2 Wise Av			ld.	A A A	YTR	1967	me I'm	as Ou	100	
OM 1/0/ 9	0	THE OP DE	1/2	- HTPO WA	J. Du			DATE	0	11,1171			7.0	

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OTHER THE TELENY IS SERVE BUSHEL ARE. 51/1/2 Sonle bont, in Dethieben Sueel Co. Virtuin CleyI: Freeks democre, Mr.

217-07-7081 | hrs. (lorence groote, 252) 5. hades ave.

Thomas C. Patterens V. D.

Constant to another the first terminate.

AND ANTONIOR

TOP THE POT all decembers

1820

the allowed sylvesty library a certification

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06221

00,44	_		CERTIFIC	LAIE	OF DEATH			0.5	212	
1. PLACE OF DEATH o. COUNTY				I	2. USUAL RESIDENCE (lived, if institution	: Residence bef	fare admiss	sion
BA	LITIMORE		MARYLA	IND	a. STATE M	ARYLAND	b. COUNTY		- 4	
b. CITY OR TOWN	(If outside corporate limi d give nearest town) IARD	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	itside corporote l	imits, write RURAL	ond give neor	rest town)	
FORT HOW	IARD		64 DAYS		BAL	TIMORE		30.4		
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in hospital, g	give street address)		d. STREET ADDRESS				e IS RES	SIDENCE FARM?
VETERANS	ADMINISTRA!	TION HO	SPITAL		1408 N.	MOUNT	STREET		YES 🗌	NO X
3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Month	D	ay Y	'ear
(Type or print)	FRA	NK	VERNON		BROWN	OF DEATH	MAY	5	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH			IF UNDER 1 YEAR Months Days		ER 24 HRS
MALE	NEGRO	WIDOWED	DIVORCED		TOBER 6, 1	907	59 yrs.	nonnis Days	Hoors	PVIIII.
10a. USUAL OCCUPATIO	N (Give kind of wark done		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	& Stote, or foreign	r country)	12. CITIZEN COUNTRY		
RIGGER	me, even il lemeu)		P YARD		A LITTLE TO	N. N. C	72.	U.S.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN I					
FRANK E					MARTHA H	AWKINS				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
YES	WW II	21	3 09 12 91	CLI	N. RECORDS,	VA HOS	PITAL, F	T HOWAI	RD, M	D.
	EATH (Enter only one co								NTERVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) CER	REBRAL EDEMA						UNITAND)WAT
5811		T 0	Mamala atpr	moan	ra.				TRILLIA	T Int
Conditions, if any		(b) LAB	INNEC'S CIRR	CHUS.	LS				UNKNO)MIA
stating the unde		10	ONTO ATGOIG	T TO	,				*******	AT THE
last.)	(4)	RONIC ALCOHO						UNKNO)MM
PART II. OTHER S			TO DEATH BUT NOT RELATE			NDITION GIVEN I	N PART 1(o)	1	9. WAS AU PERFOR	TOPSY MED?
HEAR	DISEASE (HYPERTR	OPHY) UNKNO	MIN E	ETIOLOGY				YES	NO [
(IF FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	URRED. (E	nter nature of injury in	Part I or Part II	of item 18.)			
Hour o.	URY Manth, Doy, Year m. m. 19	20d. IN While at wark	Not While		OF INJURY (Hame, farm y, street, office bldg., etc.)		ity or tawn)	(Caunty)		(State)
21. I cert	ify that (I)x(this has	spital) attend	ded the deceased fro	am_3/	2/67 ,1	9, ta	5/5/67	_, 19,	that (t)	(we) lo
	eceased alive an_	5/5/67	19, and	d that	death accurred at	6:30Am, f	ram causes an	d an the do	ate state	d abay
22a. SIGNATURE	heila	he-	Son la	— м.р.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG		
22c. PHYSICIAN'S NAME (Type		ILSON,	M. D.		VAH FORT	HOWARD	, MARYLA	ND		
23a. BURIAL, CREMATI REMOVAL (Specif			23c. NAME OF CEMETER Baltim		REMATORY NATIONAL		ION (City or Town)		,,	(State)
24. FUNERAL DIRECTO	DR DD.	4 K	ELSON FUNER			BY REGISTRAR		TRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any eyent, within 72 hours of Page 4 may be retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06213

						- 01			UUSILU
a. (CE DF DEATH						CE (Where deceased lived, b.		
	Baltim				YLAND	Maryland		altimor	U. a.
0.5	CITY OR TOW write RURAL rings M	N (if outside co and give neare ills	rporate limits, st town)	c. LENGTH OF STA			outside corporate limits Mills	, write RURAL	and give nearest town)
			TUTION (if not	In hospital, give street	address)	d. STREET ADDRESS		<u> </u>	e. IS RESIDENCE
		sant Hil		m morphism, gard an out		The second secon	asant Hill R	oad	ON A FARM? YES ND TO
	ME OF CEASEO pe or print)	Mil	First	Middle Catherine		Brown	OF 4	Ionth 4 V	Day Year /4 1967
5. SEX		6. COLOR OR I	7. MAKK	NEVER MARRIE		2/6/1880	9. AGE (In ye last birthd	ars IF UNDER : ay) Months	1 ÝEAR IF UNDER 24 HRS Days Hours Min.
Ret.	House	ing life, even if work-Hou	fwork done 10	b. KIND OF BUSINESS O INDUSTRY Own home.		11. BIRTHPLACE (C	ounty & State, or foreign co	untry) 12. Cl	TIZEN OF WHAT DUNTRY?
	avid H					14. MOTHER'S MAI	DEN NAME TY Myers		
15. WA	S DECEASED I	EVER IN U.S. ARM (If yes give war or	dates of service)	16. SOCIAL SECURITYN			leasant Hill	dKoad.,	ills, Md.
gav	HQQ/ nditions, If we rise to use (a), st derlying caus	immediate tating the se last.	DUE TO (b)	CARDIAC _	DECL	M PENSAT			YEARS 119. WAS AUTOPSY
FICATI		WAS UNDERLYI					DISEASE CONDITION GIVE f injury in Part I or Part		PERFORMED?
, i	CONTRIBUTI	NG CAUSE OF	F DEATH	b. DESCRIBE HOW INJU	KT OCCO	RRED. (Enter nature o	i injuly ill rait I of rait	ii of item 16.	,
MEDICAL MEDICAL	Hour a.n		W	od. INJURY OCCURRED hile Not While work at work		E OF INJURY (Home, f y, street, office bldg., o		n) (Cou	nty) (State)
		y that (I) (this ceased alive o	MA A.	ended the deceased to 13 1967,	from and that	death occurred at	95/, to MAY	14, 1967 ses and on th	2, that (I) (wet last ne date stated above
	a. SIGNATUR	Marti	28.8	trobel	M.D.		MED. STAFF DIRECTOR PHYS.	22b. D/	14,1967
220	NAME (T)	(pe) MART	IN E	STROBE	-4	22d. ADDRESS 48 MAI	N ST. REI.	STERST	OWN MI
23a. B	URIAL, CREM EMDVAL (Spe BUT1al	ATIDN, 23b. I	DATE THEREOF	St. Mary		OR CREMATORY	Silver Run		
-	UNERAL DIRE	1	1 1).	ADDRESS				REGISTRAR'S	
X	ich	nd A	·VIX	HO Littles	stown	Pa. DATE	MAY 16 1967	gelian	ules Judge

AI5 (4) M 1/65

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un, burrell Co. Mi.	Silver a	Vandues.	"Et. Marys"	3/17/07	LHIAN
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6223			MADE.
UMAU	CERTIFICATE	OF	DEATH

06214

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
1	(Baltimore County MARYLAND	o. STATE Maryland b. COUNTY Baltimore					
		p. CITY OR TOWN (II outside corporate limits. c. LENGTH OF STAY IN 1b	c. CLY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)					
	6	write RURAL ond give neorest town) Mount Wilson 2 days	Baltimore					
		d. NAME OF HOSPITAL OR INSTITUTION (II not in hospitol, give street oddress)	d. STREET ADDRESS 0. IS RESIDENCE					
,	100		DOOT CON A FARM?					
		Mount Wilson State Hospital						
1	1	NAME OF DECEASED WILLIE (WLLAM) BRO	O Wort OF DOY Year OF DOY 1967					
1	-		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
1		M Negro WIDOWED DIVORCED	12.12, 1917 Yospbirthday) Months Doys Hours Min.					
	10o. duri	USUAL OCCUPATION (Give kind of work done ng most of working lite wen if retired) INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign Country) 12. CITIZEN OF WHAT COUNTRY?					
		a acrea L						
ì	LEMMETT BROWN		EM MA BUTLER					
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address					
(Yes, no of unknown) (If yes give wor or doles of service) 264-05-6125 Records, Mount Wilson State								
Ħ	H	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN					
	ONSET AND DEATH							
IMMEDIATE CAUSE (0) CAN CAN BE LUMINATION OF THE								
		DUE TO DO - A I A						
		conditions, if ony, which gove is to immediate couse (a), (b) I'm can all liftures (b)						
		stoting the underlying couse lost.	malley to the to E weeks					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN LART 1(o)						
,	TION	PERFORMED? YES NO						
	FICA	20₀. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)					
	CERTIFICATION	OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tener notice of injuly in Post I of Post II of fieth 16.)					
	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)					
	ME	Hour o.m. 19 While Not While of work of work	ory, street, office bldg., etc.)					
		21. I certify that (I) (this haspital) attended the deceased fram 5.8 , 1967, ta 5.10 , 1967, that (I) (we) last						
Ą		saw the deceased alive an 5.10 1967, and that death occurred at 100 M, from causes and an the date stated abave.						
		220. SIGNATURE 22b. DATE SIGNED STAFF 22b. DATE SIGNED						
	M.D. ATTENDING MED. STAFF PHYS. D DIRECTOR D PHYS. D 5,10,1							
		22c. PHYSICIAN'S 22d. ADDRESS						
/ Wm. NAM New comer, M.D., Superintendent Mount Wilson, Maryland								
П	230	BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR (CREMATORY 23d. LOCATION (City or Town) (County) (Stote)					
N	REMOVAL (Specify) may 15/67 mit Chraker Came ale County							
	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	2	well clipson 1129 n Chritis	DATE MAY 12 1987 gcharles Judge.					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in gny event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00224	CERTIFICATE OF DEATH				U5215		
1. PLACE OF DEATH 0. COUNTY BALTIMORE	MARYLAND		Where deceased lived if	institution: Residence COUNTY	re before odmission)		
b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)					
BACTONERES		BALTIMORE 13.1					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS ROAD			e. IS RESIDENCE ON A FARM? YES NO		
SREATER BALTON ME. 3. NAME OF First	Middle	Lost	4. DATE	Month	Day Year		
DECEASED (Type or print) CHARCES	MULLEN.	BURGEE	OF .		6 1967		
		B. DATE OF BIRTH	9. AGE (In v	eors IF UNDER 1	YEAR IF UNDER 24 HRS.		
MALE CAUC.	WIDOWED DIVORCED	11-4-93	lost birthe	day) Months yrs.	Days Hours Min.		
0o. USUAL OCCUPATION (Give kind of wark dane uring most of warking life, eyen if retired)	10b. KIND OF BUSINESS OR Western?Electri	11. BIRTHPLACE (County	& State, or foreign country	' COL	IZEN OF WHAT UNTRY?		
3. FATHER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wat or dates of service) 216-01-9248 PT'S CHART Mrs. Evelyn P.							
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse DUE TO							
part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy performed? 19. Was autopsy performed? 19. Was autopsy performed?							
20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of work of w							
21. I certify that (I) (this haspital) attended the deceased fram May 16, 19 67, to May 16, 19 67, that (I) (we) last saw the deceased alive an hear 16 19 67, and that death accurred at 9.25 pM, fram causes and an the date stated above.							
220. SIGNATURE ROBERT W. Smith M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 5-16-67							
22c. PHYSICIAN'S NAME (Type) Dr. Robert W. Smith Greater Balto. Med. Center							
BREMOVAL (REMATION, 5/20/67 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (County) (Stote) Bremoval (Remation) 23d. LOCATION (City or Town) (County) (Stote) Baltimore, Mc							
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'I	BY REGISTRAR	Sb. REGISTRAR'S SI	GNATURE		

Mitchell-Wiedefeld Home 6500 York Rd.

Balto., Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours after deat

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Page 4 may be retained by the haspital ar attending physician.

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	06225			CERTI	FICATE	OF DEA	TH			{)621	6
	PLACE OF DEATH o. COUNTY	Baltimor	Ө	MA	RYLAND	2. USUAL RESID o. STATE		here deceosed	lived, if institutend b. COU		nce before	odmission)
	write RURAL on	If outside corporate limit d give nearest town) VSON		c. LENGTH OF STAY	/ IN 1b			side corporote	limits, write RU	RAL and gir	-4	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, (give street oddress)		d. STREET ADDR					0	IS RESIDENCE ON A FARM?
	Chesape	eake Mano	r Nurs	ing Hom	е	306	E.	32nd	Street	;	YE	
	NAME OF DECEASED (Type or print)	El 1	irst a	Middle Cobb		Bush		4. DATE OF DEATH	Mon Ma		Doy 21	Year 19 6 7
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED A B	. DATE OF BIRTH		9.	AGE (In years	IF UNDER		F UNDER 24 HRS.
I	Female	White	WIDOWED	DIVORC	ED 🔲	11/18/	/83		last birthdoy) 83 yrs.	Months	Doys	Hours Min.
duri	ing most of working Cler	N (Give kind of work done life, even if retired) K	Jol	ND OF BUSINESS OR DUSTRY	ins I	11.BIRTHPLACE	lary	land	gn country)	12. C	OUNTRY?	J.S.A
13.	FATHER'S NAME		School	ol of Me	dicir	MOTHER'S N	MAIDEN N	AME				
	WAS DECEASED EVE es, no, or unknown)	H. Bush R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.	17. II	Marg NFORMANT rederic			zabeth	2 GT 220	20 m de 1	Nat'l
		EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for			via				Da	INTER	VAL BETWEEN T AND DEATH
	4/93X Conditions, if ony	DUE	10									7
	rise to immediate stating the under last.	e couse (o), ((c)						-			
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT R	. 6	HE TERMINAL DISE	EASE CONI	DITION GIVEN	IN PART 1(a)		19. W P	VAS AUTOPSY ERFORMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of in	njury in P	ort I or Port I	II of item IB.)		E.	
MEDICAL	20c. TIME OF INJ Hour 'o.i	URY Month, Doy, Yeor m. 19	20d. II While of work			E OF INJURY (Hor ory, street, office bl		20f.	(City or town)	(C	ounty)	(Stote)
	saw the d	fy that (I) (this has eceased alive an_		ded the deceased 2 3 19 6 1,		death accurr			fram causes	and an	the date	
	220. SIGNATURE		Feel	7	M.D	* * * * * * * * * * * * * * * * * * * *	4/	MED. DIRECTOR	STAFF PHYS.	22b. [Z S-	c7
	22c. PHYSICIAN'S NAME (Type		lin L	eslie		22d. ADDRE 302		33rd	st.			
	REMOVAL (Specify			Green					ATION (City or To altimo		(County)	(Stote) Md.
21	Honry W	Jenkins	& Son	ns Co 4905 Y	ork l		1.4	AY 26	4000	GISTAN	SIGNATURE	Jusan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after dept Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		70220	CERTIFICATE	OF DEATH	10%	
1	1. F	PLACE OF DEATH			deceosed lived, if institution: Resid	lence befare admission)
4	C	BALTIMORE	MARYLAND	O. STATE ARYLA	b. COUNTY Ba	LTIMORE
ŀ	ŀ	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL and g	rive nearest town)
		write RURAL and give negrest town)		PERRY		12.1
-	-	PERRY HALL 1. NAME OF HOSPITAL OR INSTITUTION (If not in ho	3 4 VRS-	d. STREET ADDRESS	MALL	e. IS RESIDENCE
		0 N			LAIR ROAd	ON A FARM?
	_		ROAD	U		YES NO
		NAME OF First	Middle		DATE Month OF	Day Year
1	(Type or print)			DEATH 7AY7, 19 9. AGE (In years IF UNDE	ER 1 YEAR 1 IF UNDER 24 HRS.
	5. 5	1 " . /	THE	B. DATE OF BIRTH	lost birthday) Months	
	_		1	A49.9, 1897	69 yrs.	
	10a.	USUAL OCCUPATION (Give kind of work dane ng most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stat	•	CITIZEN OF WHAT
	duri	Own 5%	INDUSTRY OF EL	rennsy	LUANIA	4-S-A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. 0	
		HENRY S. B	UTT	ELIZAB	ETH KRISKS	= 4
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	
1	(Ye	s, na, ar unknawn) (If yes give war or dates af servi	(e) 7 W	ilbert Gri	ES 1735 W.	RATT ST.
		18. CAUSE OF DEATH (Enter only one cause per				INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Careinoma	or right	lung	ONSET AND DEATH
		163X DUE TO				
		Conditions, if ony, which gove) (b)				
		rise to immediate cause (o),				
		stating the underlying cause (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY
)	TION					PERFORMED? YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I	or Port II of item 18.)	1 10 [] 10 []
	ERT	OR CONTRIBUTING CAUSE OF DEATH	ZOU. DESCRIBE HOW MISHES GEORGES.	(Cities the later of the later) the cities the		
4		(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m.	While - Nat While - fact	ary, street, office bldg., etc.)	201. (21) 0. 10111)	(5.5.0)
	-	p.m. 19	ot wark L at wark L	/ - / 10 /	- 1 1.	0 / 7 that (1) (wa) lea
		21. 1 certify that (I) (this haspital) saw the deceased alive an	affended the deceased from _	t doub occurred at	M from course and on	the date stated above
		saw the deceased alive an <u>Jec</u>	ey (196 , and the	i dedili occorred di		DATE SIGNED
		9 1	A 0	ATTENDING MED.	. STAFF	DATE STORED
		22c. PHYSICIAN'S	byelen M.	D. PHYS. L. DIRE	CTOR LI PHYS. LI	
		NAME (Type) FBA WIC	N. OG-OFNI		01 4. Calve	4 SK
1	22	1/6/1/	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
	230	REMOVAL (Specify)		/		
1	-	0417146 10-11-6		2So. REC'D BY	REGISTRAR 2Sb. REGISTRAR	
0	2	FUNERAL DIRECTOR hwas France	TAL L-ADDRESS &	SO. RECUBI		S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foseral director, page 3 should be detached for use as the burial-transit permit. Then please remove sarbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after

Poge 4 may be retained by the hospitol or ottending physicion.

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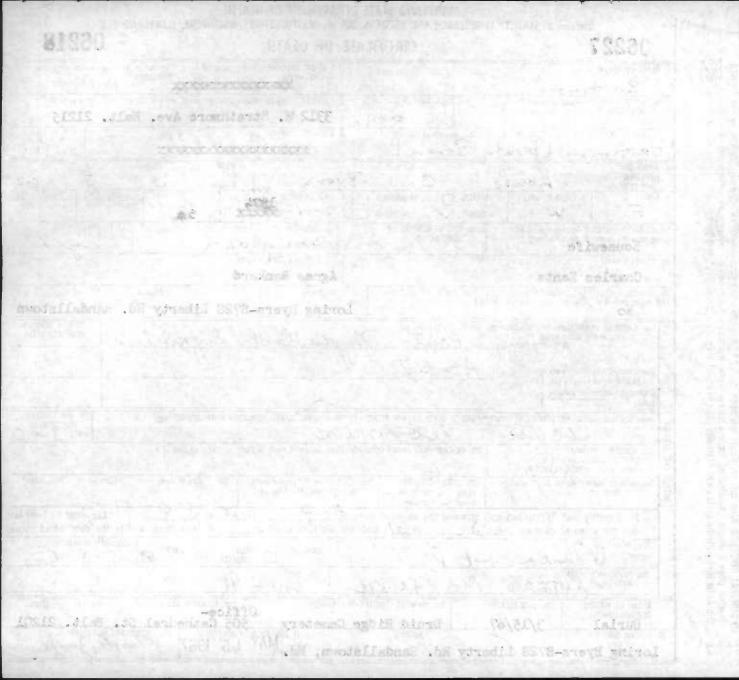
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 DIAC	ONN		CERTIFICATE	OF DEATH		U5218
o. (Q	E OF DEATH ISaltimore		MARYLAND	o. STATE ROBERT	Where deceosed lived, if institutio b. COUNT	ma - /
b. CI	TY OR TOWN (If-outside corpo trite RURAL and give nearest t	rate limits, tawn)	c. LENGTH OF STAY IN 16		utside corporote limits, write RURA	
-	ame of Hospital or Institut	ION (If not in hasp	Serveral.	d. STREET ADDRESS	eecabos Roedox	IS RESIDENCE ON A FARM? YES NO [
3. NAM DECE (Type	AE OF EASED e or print)	First	C Middle B	last jevs.	4. DATE Month OF DEATH	Day Year 8 19 6
S. SEX	F 6. COLOR OR	RACE 7. MAR WIDO		DATE OF BIRTH	9. AGE (In years last birthday) 7. Yrs.	Months Doys Hours Min
during m	IAL OCCUPATION (Give kind of whost of working life, even if retire Housewile)	vork done 1	Ob. KIND OF BUSINESS OR INDUSTRY	mary		12. CITIZEN OF WHAT COUNTRY?
	HER'S NAME Charles Zent2	4		Agnes Bank		0
	S DECEASED EVER IN U.S. ARMED , or unknown) (If yes give wor			oring Byers	Addres -8728 Liberty R	Rd. Randallstown
	4201	TE CAUSE (a) DUE TO	As 12 to	oraisin	ang men	m
rise	nditions, if any, which gave to immediate cause (a), ting the underlying cause t.	(b)	AS (AD V		V	
rise stat last	ta immediate cause (a), ting the underlying cause t. RT II. OTHER SIGNIFICANT CON	DUE TO	TING TO DEATH BUT, NOT RELATED TO T		NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
rise stat last PAR 20a OR (IE	ta immediate cause (a), ting the underlying cause t. RT II. OTHER SIGNIFICANT CON	DUE TO (c) DITIONS CONTRIBUT ATH 20	7 2 - 1	n		PERFORMED?
rise stat last PAR 2000 OR (IF I	ta immediate cause (a), (ting the underlying cause (b). RT II. OTHER SIGNIFICANT CONING. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO (c) DITIONS CONTRIBUT ATH NER) 20 21 21 21 21 21 21 21 21 21	Db. DESCRIBE HOW INJURY OCCURRED. (20d. INJURY OCCURRED 20e. PLACE)	n	Part I or Part II of item 18.)	PERFORMED? YES NO
PAR PAR CESTIFICATION (RE) CALL CALL CALL CALL CALL CALL CALL CAL	ta immediate cause (a), ting the underlying cause ET II. OTHER SIGNIFICANT CON C. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMI TIME OF INJURY Month, Do Haur o.m. p.m. 21. I certify that (I) (saw the deceased alive	DUE TO (c) DITIONS CONTRIBUT ATH NER) 19 this hospital) of	20d. INJURY OCCURRED While Not While at wark Utended the deceased from	Enter noture of injury in E OF INJURY (Home, farr Iry, street, office bldg., etc.	Part I or Part II of item 18.) n, 20f. (City or town) 1964, to \$\frac{1}{8}\$	(County) (State) , 19
PAR PAR COLOR CALL CALL CALL CALL CALL CALL CALL CAL	ata immediate cause (a), fing the underlying cause (b). ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMI TIME OF INJURY Month, Do Haur o.m. p.m. 21. I certify that (I) (saw the deceased alive in SIGNATURE)	DUE TO (c) DITIONS CONTRIBUT ATH NER) 19 this hospital) of	20d. INJURY OCCURRED While Not While at wark Utended the deceased from	Enter noture of injury in E OF INJURY (Home, farming, street, office bldg., etc.) death accurred at ATTENDING PHYS.	Part I or Part II of item 18.) n, 20f. (City or town) 1964, to \$\frac{1}{8}\$	PERFORMED? YES \(\bigcap \) NO (County) (State)
PAR PAR COLOR COLO	ta immediate cause (a), ting the underlying cause ET II. OTHER SIGNIFICANT CON C. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMI TIME OF INJURY Month, Do Haur o.m. p.m. 21. I certify that (I) (saw the deceased alive	DUE TO (c) DITIONS CONTRIBUT ATH NER) 19 this hospital) of	20d. INJURY OCCURRED (20e. PLAC While at wark uttended the deceased from 1967, and that	Enter noture of injury in E OF INJURY (Home, farmer, street, office bldg., etc.) death accurred at ATTENDING PHYS. 22d. ADDRESS	Part I or Part II of item 18.) n, 20f. (City or town) 19 6 7, to M, fram (auses of DIRECTOR STAFF	(County) (State) (County) (State) And on the date stated about 22b. DATE SIGNED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please certain papers. Pages 7 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and it any event, within 72 hours after death. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06223

CERTIFICATE OF DEATH

06219

		UURAU	CERTIFICATE	OI DEATH		
		PLACE OF DEATH CO. COUNTY			deceosed lived, if institution: Res	idence before admission)
	C	Dallinar	e MARYLAND	O. STATE MAR	efant b. COUNTY Z	Allemare
	b	o. CITY OR TOWN (If outside corporate limits, write BURAL and give pagest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	orporate limits, write RURAL and	give neorest town)
20	60	Millemure	6 days	2/46.	sque st	30-4
10	0	NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS	satt li	2 e. IS RESIDENCE ON A FARM?
,	1	reater Caltins	re/ Medical Center	2140.	27 12	YES NO P
e		NAME OF First	Middle		DATE Month	Doy Year
	(Type or print) Chris	allerine	Byr	DEATH J	8 19 6 7
	S. S	11111		B. DATE OF STRIP	9. AGE (In years IFUN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
	10~	HIGHAL OCCUPATION (CI Lind of L. L	10b. KIND OF BUSINESS OR	10/9/84	- 82 yrs.	CITIZEN OF WHAT
	durir	ng most of working life evernif retired make	INDUSTRY NA	11. BIRTHPLASE (County & Stote	e, or foreign country)	COUNTRY : 1.5.A.
ì	13.	FATHERS NAME	r. Par	14. MOTHER'S MAIDEN NAME	IP. Ella	
6	Ts.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	rs - Alamada	Rithmiller
	(Yes	s, no, or unknown) (If yes give wor or dotes of serv	10-54242 -	Patient	Chart	E COLL CI
	T	18. CAUSE OF DEATH (Enter only one couse pe	line for (o), (b), ond (c).)	2.	514	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o)	Interior cleroho	theart Our	iary C	ONSET AND DEATH
		42.00 DUE TO	0 1	0 -		
		Conditions, if ony, which gove inse to immediate couse (a), (b)	longrature H	earl tailu	re f	46 days
		stating the underlying couse DUE 10	00	0. 1 50		
		DART II OTHER SIGNIFICANT CONDITIONS CONTROL	DISTANCE TO DEATH BUT NOT BELATED TO I	TERMINAL DISTASS CONDITION	nia	19 WAS AUTOPSY
3	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT KELATED TO T	HE TERMINAL DISEASE CONDITIO	IN GIVEN IN PART I(0)	PERFORMED?
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I	or Port 11 of item 18.)	75 10 10
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,	
	WEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	WE	Hour o.m. p.m.	While Not While of work of work	ory, street, office bldg., etc.)		
		21. I certify that (I) (this haspital	attended the deceased fram			1967, that (1) (we) last
		saw the deceosed alive on Ka	8 1967, and that	death accurred at 11:11	AM, from couses and o	n the date stated obove.
		220. SIGNATURE		ATTENDING MED.	STAFF 22b	. DATE SIGNED
		dudulina M.	etyza MD	PHYS. DIRECT	TOR L PHYS.	5 8 67
1		22c. PHYSICIAN'S NAME (Type)	M.	GBAC Clark	e St. Md.	1
	230	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR O		3d. LOCATION (City or Town)	(County) (State)
	250.	Byly 44 segiv) May 11,			Balto., Md.	(50016)
11		0 7				
6	24.	FUNERAL DIRECTOR	ADDRESS	25g REC'D BY	REGISTRAR 2Sb. REGISTRAR	R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

46 70 70 70 L'allensair Callinger Clara 5148 3956 neater the transactive his will be 39 the - Comic William Book Call 4 10/9/84 82 NA SOURCE NA TENETA, MIL. George facts Metall, II NA PA METRUE POLLECE FOR TO SEE SECONDARY . J. - 1 & C. . . Ontimicalization thank thready to Largestine least tailing + Landwar and Komas Hay 8 17 May 2 11 May 8 67 -1 8 8 6 62 Dr. L. Walter Course & May

				OF DEATH			6228	
	0	COUNTY BALTIMORE MARYLAND		2. USUAL RESIDENCE (Where deceased li	b. COUNT	BAL.	FIMORE	
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If autside carparate lin	nits, write RUR	AL and give	neorest town)	
0	d	NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)		d. STREET ADDRESS 908 C ASHBRI		PR	ON A	IDENCE FARM?
		908 C ASH BR 105E DR. AME OF First Middle ECEASED		908 — ASHBRI Lost 4. DATE OF	Month		Doy Y	'ear
-	S. S	(ype or print) I HELMA BTRNE	8.	DATE OF BIRTH 9. AG	MA E (In years t birthday)	IF UNDER 1		67 ER 24 HRS.
-	10a. durir	USUAL OCCUPATION (Give kind of work dane g mast af working life, even if retired) WIDOWED DIVORCED DIVORCED 100. KIND OF BUSINESS OR INDUSTRY		JUNE 8 1909 5	7 yrs.	12. CITIZ	ZEN OF WHAT	Trial.
-		FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME	1 . 5 . 11		USA	
	15.	no or unknown) (Iff yes give war at dates of service)	17. INF PA U	FORMANT	Address ABA	SOUE		34
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	i	fin			INTERVAL 8 ONSET AND	
		Conditions, if ony, which gave nise to immediate couse (a), stating the underlying cause last.	Yn	many infe	tun			
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THI	E TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a)		19. WAS AU PERFOR YES	TOPSY MED? NO
	8	20a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Er	nter nature af injury in Part I ar Part II a	f item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 20d. INJURY OCCURRED While at wark at work 20e.		OF INJURY (Home, farm, y, street, affice bldg., etc.)	ry ar town)	(Cour	ity)	(State)
		21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an	that	7 / , 196.7 , to_ death accurred at_3 & M, fr	am causes o	and an the		(we) last ed abave.
		220. SIGNATURE Mym. Physician's 22c. Physician's	M.D.	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.	22b. DA1	TE SIGNED	
/	23o.	NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)			ON (City or Tow	/n) (1	County)	(State)

BURIA

24. FUNERAL DIRECTOR

ADDRESS

SONS

2So. REC'D BY REGISTRAR

BALTO

HILLS

25b. REGISTRAR'S SIGNATUR

MO

an interest to the contraction of the contraction of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

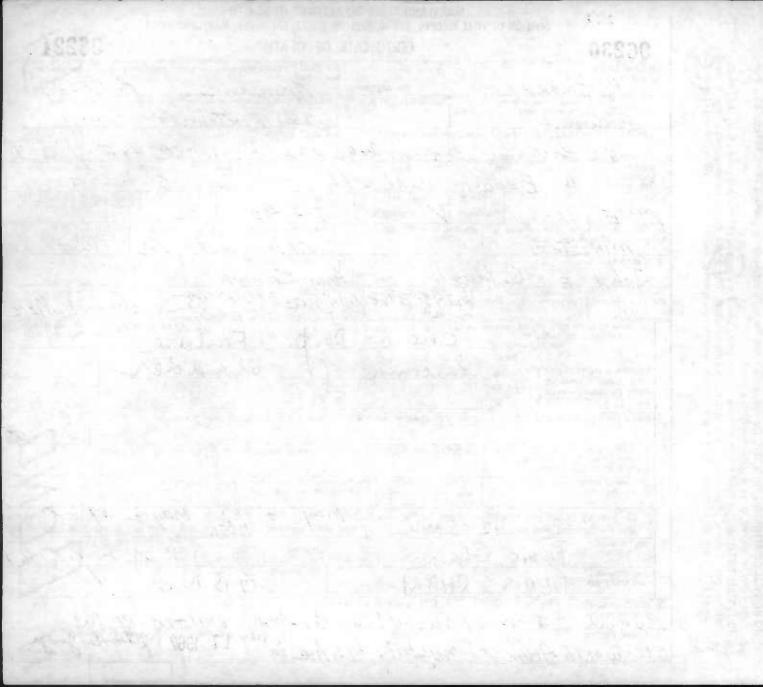
CERTIFICATE OF DEATH

06221

		00230	CERTIFICATE	OI DEATH		00001
F		PLACE OF DEATH			eased lived, if institution: Residence	e before admission)
	0	. COUNTY PALLE in a s =	MARYLAND	a. STATE	b. COUNTY	F ~
-	Ь	CITY OR TOWN (If autside corporate limits.	c. LENGTH OF STAY IN 1b	CCITY OF TOWN ME putside com-	grate limits, write RURAL and give	negrest town)
	U	write RURAL and give nearest tawn)	C. LENGTH OF STAT IN 10	900 / D	L	neurosi towny
		Ballemore		dot Dall	imore 21	216
	d	I NAME OF HOSPITAL OR INSTITUTION (If nat in has	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
6	>	Treater Galtiment	Medical action	2221 6/5	INORE AVE	YES NO
f		NAME OF First	Middle	Last 4. DAT	E Manth	Day Year
	P	Type or print) A BROWN	n Coldwerk	∠ OF DEA!	TH 5-14-	67 19
1	S. S		RRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.
	-	1 1 1 1	OWED DIVORCED	7-2-90		Days Hours Min.
-	15	MAIL GOVE	40	I II DIDTIDI ACT	forcion country) 2 12 CITI	ZEN OF WHAT
	durir	USUAL OCCUPATION (Give kind af work dane ng mast of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	rareign country) 12. CIII	INTRY 2
		MINISIER		NILIAM500,	et PA	WA.
	13.	FATHER'S NAME	, ,,	14. MOTHER'S MAIDEN NAME		
1		John E. Cald	42/1 A	WNA DROWN		
1		WAS DECEASED EVER IN U.S. ARMED FORCES?	16, SOCIAL SECURITY NO C 17, II	UPODIA AND	ONG- Address	10
	(Yes	s, na, ar unknawn) (If yes give war ar dates af service	WIN OOL ON	124 12 15C	xt-1002 8RIN	cetar/Mars
-	T	1B. CAUSE OF DEATH (Enter only one cause per le	ine for (a) (b) and (c))	F 3. 11a	Preprint Man	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Can C (1) - 1	In In	- New Market 116	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	CH LUCIO P	Tu Fu	THE STATE OF THE S	
		DUE TO	80.00	7/ 812	dolar	War I Have been seen as a second
		Canditions, if any, which gave) (b)	succena '	1 -000	and control	
		stating the underlying cause DUE TO		0		
		last. (c)				
2	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
<	MEDICAL CERTIFICATION		THE VIOLENCE			YES NO WO
	읦		206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or I	Part II of item 18.)	
	8	OR CONTRIBUTING CAUSE OF DEATH			,	
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm, 20f	(City or town) (Cou	nty) (State)
	E E	Haur a.m.	While Nat While facto	ry, street, affice bldg., etc.)	. (ca) at tawn) (cao	(2,016)
	2		at wark L	140 11 11 12	11-1	
		21. I certify that (this hospital)	ottended the deceased from	7ay 14, 1967		, that (1) (we) last
		30W THE deceased onlye on	· 05 A 19, and that	death occurred of 12/05	M, from capses and on th	
		22a. SIGNATURE	0	ATTENDING MED.	STAFF 22b. DA	TE SIGNED
		UMS 6	man M.D	PHYS. LJ DIRECTOR	PHYS. PHYS.	11/14/967
		22c. PHYSICIAN'S	OUA: I	22d. ADDRESS 6	h	/
		NAME (Type) DEVIS	NHN	07 13	170	
1	23 a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMAJORY . 23d.	LOCATION (City or Town) ((County) (State)
2	1	REMOVAL (Specify)	7 11	Cemetery &	BALtimoRP, 1	m
1	20	SURIAL 13-18-6 FUNERAL DIRECTOR	ADDRESS ADDRESS	25g, RECD BY REGI	CIRAR 25b. RECISTRAR'S SI	QNATURN .
	F-1	(1 / N	+ Me Michael Make	/ /	1967 Julian	es Judge
	6	LLSWORTH HRMACOS	J TWOOLHUEKTY HADT.	S HIP DATE	/	0

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06231			CERTIFICA	TE OF DE	ATH				(622	22
	1. P	Bal	timore		MARYLAND	o. STATE	aryla	nd		Balto			n)
	t	J. CILL OK LOSSIN	d give negrest town)	ts,	c. LENGTH OF STAY IN 16								
	C	. NAME OF HOSPI	TAL OR INSTITUTION (If n		give street oddress)	d. STREET ADDRESS e.						e. IS RESID ON A FA	NO
0	1	NAME OF DECEASED Type or print)	Bert	irst ha	Middle M. C	Lost		4. DATE OF DEATH	May		Doy	Yeo	
1	5. 5		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRT			AGE (In years Inthdoy) yrs.	IF UNDER Months	1 YEAR Doys	IF UNDER Hours	24 HRS. Min.
	10a. durii	USUAL OCCUPATIOng most of working	N (Give kind of work done		ND OF BUSINESS OR DUSTRY none	11. BIRTHPLAC	E(County & S			12. (ITIZEN OI DUNTRY ?	WHAT	
	13.	FATHER'S NAME	popod. Well	e, Ale	xander	14. MOTHER'S	MAIDEN NA/		Strauss				
	IS. (Yes	WAS DECEASED EV s, no. or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.		7. INFORMANT r. Jerry	P. Car	pey 7	Addi 416 Mon			es vi l	le
			y, which gove te couse (o),		(o), (b), ond (c).) cinoma of Ki	iney, lef	t				ON	ERVAL BETV SET AND DI	
2	ATION		GIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE CONDI	TION GIVE	N IN PART 1(o)			WAS AUTO PERFORME	PSY ED? NO be
	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Por	rt I or Port	II of item 1B.)				
	MEDICAL	Hour o	JURY Month, Doy, Yeor m. 19	20d. 11 While of wor	Not While	PLACE OF INJURY (H foctory, street, office		20f.	(City or town)	(Co	ounty)	()	Stote)
			deceased alive on		ded the deceased from 19.67, and the	May that death accu ATTENDING M.D. PHYS.	rred at4	1958 : 45PM ED. RECTOR		and an 1	67, the date sign	IED	№) la: abav
1		22c. PHYStCIAN NAME (Type	Dr. Lee	J. Gave	r	22d. ADD 1 Ma	RESS 11ow 1	H111	Rd. Bali	,	,		
	230.	BURIAL, CREMATI REPOYNT See If		HEREOF	23c. NAME OF CEMETERY Loudon P				ATION (City or To		(County		Md.
	24	FUNERAL DIRECT	OR B	8778/	ADDRESS P		AAY	Y REGISTR	AR 25b. R	EGISTRAR'S			F

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	0060			CERTIF	ICATE	OF DEATH				UD	66
	PLACE OF DEAT a. COUNTY	BALTIMORI	£	MARY	'LAND	2. USUAL RESIDENCE a. STATE MA	(Where decease	ed lived, if institu b. COU		ce befare admi	issian)
	b. CITY OR TOWN write RURAL	(If outside corporate limit and give negrest town) THOWARD	S,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If a	autside corpard		JRAL ond give	e neorest town)
l	d. NAME OF HOS	PITAL OR INSTITUTION (If no	ot in haspital,	give street oddress)		d. STREET ADDRESS					ESIDENC
l	VETERA	INS ADMINIST	RATION	HOSPITAL		11	BRIST	OL AVENU	E	YES [A FARM?
Î	3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	1th	Doy	Year
l	(Type ar print)	STAI	NLEY	NMI		CARSON	OF DEATH	MA			1967
I	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9	. AGE (In years	IF UNDER Manths	Days Hou	DER 24 I
	MALE	WHITE	WIDOWED	DIVORCED	X	4/18/09		Jast birthdoy) 58 yrs.			
ı	IDo. USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)		IND OF BUSINESS OR		11. BIRTHPLACE (Count	y & State, or fa	reign country)		TIZEN OF WHAT UNTRY?	ſ
l	BAI	RBER	S	ELF EMPLOY	ED	CAN	The second second		U.	S.A.	
l	13. FATHER'S NAME					14. MOTHER'S MAIDEN					
l		CARSON				Unknow	wn				
ı		EVER IN U.S. ARMED FORCES? n) If If yes give war or dates (of convicable	SOCIAL SECURITY NO.		FORMANT		Addı			
ļ	YES	(If yes give war or dates of KOREAN	21	2 12 22 92	CLI	VICAL RECO	RDS, V	AH, FT.	HOWARI), MD.	
		DEATH (Enter anly one cau EATH WAS CAUSED BY:								INTERVAL ONSET AN	
ı	570	IMMEDIATE CAUSE	(o) CA	RDIO-RESPI	RATOR	Y FAILURE				ONSET AN	Tour
ı		DUE		THE HATTING							
١	rise to immed	ny, which gave iate cause (a),	(0)	VER FAILURI	E					1 We	ek
I	stating the un last.	derlying couse		RALYTIC IL	EUS					1 We	eek
	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO TH	IE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART I(a)		19. WAS A PERFO	AUTOPSY ORMED? NO
	OR CONTRIBUTI	NAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in	n Part I ar Par	t II of item 18.)		45	
	Haur Haur	p.m. 19	While of war	k latwark	foctor	OF INJURY (Hame, far y, street, affice bldg., et	c.)	(City or tawn)		unty)	(Stot
	saw the	rtify that [1] (this has deceased alive an_1	pital) attenday 6	ded the deceased	fromA and that	pril 20 , death accurred a	19 <u>67</u> , t	a May 6 I, fram causes	ond on the		(we) ted at
	920. SIGNATU		nel	era.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1	ATE SIGNED /8/67	
	22c. PHYSICIA NAME (Ty		INSBER	G. M.D.		VA Hospi	ital, F	ort How	ard, M	arylan	d
İ	23a. BURIAL, CREMA	ATION, 23b. DATE TH	EREOF	23c. NAME OF CEME	ETERY OR CE	REMATORY .	23d. LO	CATION (City or To	own)	(Caunty)	(State
	Burial (Spe	MAY 10	1,1967	Baltimore	Nati	onal	Be	ltimore		Maryla	nd
1	24. FUNERAL DIRE	CTOR		ADDRESS	law Da			AR25b. R	908855	MAJURICO	4
1	George J	. Gonce Fune	eral Ho	me Highw	ay Ba	MADATE M	ALII	196/		0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deoth. Page 4 may be retained by the hospital or ottending physicion.

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CERTIFICATE OF DEATH 06233 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest tawn) 14 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 3200 OLD NORTH POINT ROAD NO X NAME OF First 4. DATE Last Month Year DECEASED CATRAMADOS 67 STEVEN MAY ANTHONY 19 (Type or print) DEATH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) 38 yrs. Haurs 1/3/29 MALE WHITE WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired) NDUSTRY BALTIMORE, MARYLAND BARBER SHOP BARBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EUGENIE CALAVETINOS STRATIS CATRAMADOS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dotes of service) 217 22 91 89 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROTIC HEART DISEASE UNKNOWN Canditians, if any, which gave rise to immediate cause (a), DUETO stating the underlying cause UNKNOWN BRONCHOGENIC CYST 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES A NO 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) foctory, street, allice bldg., etc.) Nat While at work at work 21. I certify that (this haspital), attended the deceased fram 5/1/67 and that death accurred at 2:45PM, from causes and saw the deceased alive an. an the date stated above. 220. SIGNATURE 22b. DATE SIGNED 5/2/67 uvan-M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S PETER J. JUVAN, M. D. VAH FORT HOWARD, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BALTIMORE, MD. BALT IMORE WAT, CEMETERY 24. FUNERAL DIRECTOR Krause

within 24 hours after death filled in campletely fi event, wit in any and and certificate ar removal, that the death cremation, signed by the burial-transit burial, cremati far use as the k Health priar tab has been certificate OR ATTENDING PHYSICIAN: Dept. of **DIRECTOR:** After director, page 3 shauld be filed v HOSPITAL FUNERAL Page ! 0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AT THE CERTIFICATE OF DEATH 00005

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1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND		CE (Where deceased	lived, If Institution: b. COUNTY	Residence t	before admission)
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Catonsvi	lle	22yrumth2ldys	Baltimo	re		30.	4
d. NAME OF HOSI	PITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS			6.	IS RESIDENCE ON A FARM?
SPRING GI	ROVE STATE HOSP	ITAL	1101 S.	Mason Str	reet	YE	S NO
3. NAME OF DECEASED (Type or print)	Margaret		Last ristner	4. DATE OF DEATH	Month May	9 Day	Year 19 67
5. SEX	6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	las	(In years IFUNDE	R 1 YEAR III	
female	white WIDOWED	DIVORCED _	July 4, 188	3 83	birthday) Months	Days	Hours Min.
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13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(163, 110, or unkowit)		9-54-3068J1 Re	cords: SPRI	NG GROVE	STATE I	HOSPIT	TAL
18. CAUSE OF D	EATH [Enter only one cause per l						VAL BETWEEN
PART 1. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ocardial infar	ction			ONSE	T AND DEATH
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gave rise to cause (a), sta							
underlying cause		eralized arter:	iosclerosis				
PART II. OTHER SI				DISEASE CONDITI	ON GIVEN IN PART 1(a	19.	WAS AUTOPSY PERFORMED?
FICA	Duodenal ul	cer with bleed:	ing			YES	NO X
PART II. OTHER SI	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of injury in Part i	or Part II of Item 1	8.)	
3 20c. TIME OF IN		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm, 20f. (City	or town) (C	ounty)	(State)
20c. TIME OF IN Hour a.m.	THIND	Mot watte —					
	that (f) (this hospital) attend	led the deceased from	Dec. 18	905, to Ma	y 9 , 19	67 , tha	t XX (we) last
saw the dec	eased alive on May	9 19.67, and that	death occurred at		he causes and on	the date	stated above.
22a. SIGNATUR	Anto- 11/1	160		a.		DATE SIGN	
TIA	man pypin	M.D		DIRECTOR	піз.	5-9-6	
22c. PHYSICIAN NAME (Typ		Young M D	22d. ADDRESSS			E HOSE	PITAL
1		Young, M.D.			Maryland		
23a. BURIAL, CREMA REMOVAL (Spec		new Cather	W	Old =	ON (City, town or o	al Be	(State)
24. FUNERAL DIREC	TOR	ADDRESS	25a. RE	C'D BY REGISTRA		R'S SIGNA	
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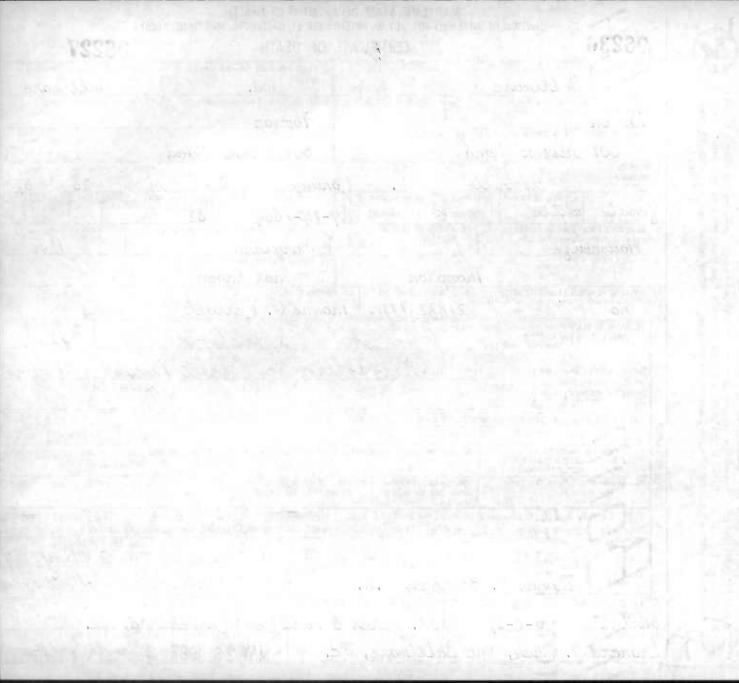
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signed by the aftending physician and completely filled in by the furburial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after	S	PRING G	ROVE STATE	E HOSP	ITAL		216 Eas	st Cro	ss Street			
	3.	NAME OF DECEASED	Fi Fi	rst	Middle		Last	4. DAT			Day	Year
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gan,	(Ye	s, na, or unknown)	(If yes give wor ar dates of	of service)								
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0	z	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT REI	LATED TO T	HE TERMINAL DISEASE	CONDITION G	GIVEN IN PART 1(a)		19. WA	S AUTOPSY
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	RTIFIC	20a. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Part I ar	Part II af item 18.)			
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O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and it	EDICA	20c. TIME OF INJ	URY Month, Day, Year m.						f. (City or town)	(Co	unty)	(State)
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		21. I certi	fy that (I) (this has	pital) attend	led the deceased	fram	Jan. 24	7:45	, to May			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



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1	PLACE OF DEATH						Where deceased lived, if institu		pefare admission)
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Ī	Oo. USUAL OCCUPATION	N (Give kind af wark done		D OF BUSINESS OR	-17		& State, ar foreign country)	12. CITIZEI	N OF WHAT
d	uring most of working	lite, eyen if refired)	INC	DUSTRY		Marulan	d	COUNT	RY? IISA
T	3. FATHER'S NAME	0			_ =	14. MOTHER'S MAIDEN	NAME		
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	S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.5	OCIAL SECURITY NO.	_ 17. II	NFORMANT	Add	dress	
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COLICICATION	<u> </u>								YES NO
DTICH	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	CCURRED. (Enter nature of injury in	Part I ar Part II af item 1B.)		
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		ify that (I) (this has	pital) attend	ed the deceased	fram	-4	9 56, to May		, that (I) (we) las
1	saw the d	eceased alive an	1 /1/10	1967,	and that	death accurred at	5:30 AM, fram causes	22b. DATES	
	220. SIGNATURE	Thomas	113	ruma	N.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	7 29	May 1967
	22c. PHYSICIAN		0.	M	Λ	22d. ADDRESS	711041011	2.12	14-11
	NAME (Type) Thomas y	. Drei	man, M.	U.	721	e A wyrigh	oud pai	LOMA 21214
2	30. BURIAL, CREMATI REMOVAL (Specific		REOF	23c. NAME OF CEN	LETERY OR (. 10 1 0	23d. LOCATION (City or 1	fown) (Cor	unty) (State)
L	ourial	0-/-0	7	St. Per	er o	Paul Cem	(umberlar	id. Md.	AVIDE
	24. FUNERAL DIRECTO	0 0 1	0 0	ADDRESS	M	2So. REC'I		REGISTRAR'S SIGNA	ATUKE
	Leonard	J. Ruck,	ync D	altimore	2, 1110	DATMA	Y 2 9 1967 8	marcy	The same

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any eyent, within 72 haurs after deal Page 4 may be retained by the haspital ar attending physician.



RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 3 Film G CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN III outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give necrest town) write RURAL and give magrast town Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? completely NO [3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Gloyd DEATH Cook carbon With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In Hours | IF UNDER 1 YEAR IF UNDER 24 HRS pue last birthday) Months Devs WIDOWED DIVORCED TO remove 10a. USUA) OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) 01 61 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMAN (Yes, no, or wikewn) | (If yes giva war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN 0 ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit affending **DUE TO** Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the undarlying the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? nse prior NO X 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) Health OR CONTRIBUTING CAUSE OF DEATH R: After thi WEDICAL DIRECTOR: After 3 should be detact he State Dept. of H 20c. TIME OF INJURY (County) Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (Steta) factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work 196% 19 /S / Ihat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... .M, from the causes and on the date stated above saw the deceased alive on ATTENDING 22e. SIGNATURE 22b. DATE SIGNED MED. STAFF leath. Page 4 page HOSPITAL DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S filed v NAME (Typa) 23e. BURIAN CREMATION, | 23b. 23c. NAME OF REMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF S. g. B REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

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vision o	f STATISTICAL	RESEARCH /	AND RECORDS,	301 W.	PRESTON STREET,	BALTIMORE,	MARYLAND	2120

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e. IS RESIDENCE ON A FARM?

YES NO R

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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19. WAS AUTOPSY PERFORMED?

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IF UNDER 1 YEAR

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06238 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore Mal MARYLAND by the f Pages b. CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) papers. Page write RURAL and give nearest town) 4 days timese. _= d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS filled Wif NAME OF DATE camplefely DECEASED (Type or print) DEATH dar event. SEX 9. AGE (In years 6 COLOR OR RACI 7. MARRIED NEVER MARRIED DATE OF BIRTH remave last, birthday) any WIDOWED DIVORCED pup 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar fareign country) and in (during most of working life, even if retired) physician a INDUSTRY 1RELAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, attending physermit. Then p CARTY Kerrigan MARGARET WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor ar dates af service) WILLIAM crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by the burial-transit p burial, cremation the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse been the priar ta last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has of Health this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Dov. Year (City or town) Hour a.m. foctory, street, affice bldg., etc.) While Nat While State [ot work ot wark TO FUNERAL DIRECTOR: After pe 4-28 1967 to 21. I certify that (I) (this hospital) attended the deceased fram. 5-1 0 19 67, and that death occurred of 6 M, from couses and on the date stated above. sow the deceosed alive on_ 22a. SIGNATURA 3 M.D. DIRECTOR PHYS director, page shayld be filed filed ADDRESS Page 4 may 1 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) BIR A A Specify) 5-5-1967 Baltimore, Maryland New Cathedral Cemetery 2Sb. REGISTRAR'S SIGNATURI **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Avenue

VR A15 (4) 20 M 1/66

law requires that the death certificate be executed within 24 haurs after death

ATTENDING PHYSICIAN:

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UTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death If any delay is	Iry, F	eral	be r	RAL	prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

/R A15ME (5)

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(Type or print) S SEX Female 13 FATHER'S NAME No CAUSE OF DEATH Hour o.m. NAME (Type CHARLES F. O'DONNELL, M.D. the fun 5 may 0 FUNE Health

06233 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 1 Hour Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1616 Dogwood Hill Rd. Joseph Hospital St. YES NO 3. NAME OF Middle 4 DATE Last Manth Year DECEASED · Sarah Long Cornthwaite May 7. 1967 DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Hours White 9/14/24 DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY U.S.A. Guidance counseler School Ocala, Fla. 14 MOTHER'S MAIDEN NAME John Long Evlyn Moon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service 262-26-3232 Mr. David L. Cornthwaite 1616 Dogwood Hill 18. CAUSE OF DEATH (Enter only one cause per lune for(a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 21. I certify that took charge of the remains described above, held on Autapsy Inspection -Inquiry and in my opinian death resulted frame Natural couses Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATESIGNED ASSISTANT MEDICAL EXAMINER

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, REMOVAL (Specify) Friends Burial Grounds Cem. Baltimore, Maryland 5/10/67 Burial ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melinely Judge Wm. Cook-Brooks Towson 1050 York Rd. 21204

DEPLITY MEDICAL EXAMINER

Address (Street, city, town, or county)

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CERTIFICATE OF DEATH

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(IF EITHER, NOTIFY	G CAUSE OF DEATH MEDICAL EXAMINER)		Carlo II		
20c. TIME OF INJ.			ACE OF INJURY (Home, for tory, street, office bldg., etc.		(County) (State)
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sow the d	leceosed alive an May	14 19 67, and the	ii geath accurred of	T. TO THAT ITOM COUSES	and on the date stated above
220. SIGNATURA	lumastr =	M	D. PHYS.	MED. DIRECTOR D STAFF PHYS. 5	
22c. PHYSICIAN'S	S		22d. ADDRESS	DIRECTOR CO PRIO. C	2/12/01
NAME (Type	RAUL F. DeCAS	TRO, M. D.	VA HOSE	PITAL, FORT HO	WARD, MARYLAND
230. BURIAL, CREMATI		23c. NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or To	own) (County) (Stote)
REMOVAL (Specif Buria.	0/11/0/	St. John's	Cemetery		er, Carroll, Md.
24 FUNERAL DIRECTO	OR STATE OF THE ST	Longwell Av	zenue ZSo. REC	(V/Y	EGISTRAR'S SIGNATURE
Myons Fin	erel Home	Westminste	DIAMEA Y	18 1967	harles judge

Westminster, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 aperal shauld be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any evert, within 72 haurs after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

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VR A15ME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased in

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PARCE OF DEATH 0. COUNT Baltimore MARYLAND 0. STATE Maryland 0. COUNT Baltimore 0. STATE Maryland 0. STATE Month 0. STA	PLACE OF DEATH COUNTY Ba B. CITY OR TOWN									
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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SWB-STAIR (In succession of the succes	b. CITY OR TOWN	Itimore		MARYLAN		Mary	land b. (Balt	timore	
SWEGSTAIT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 3. NAME OF DECEASE PIPINI 3. NAME OF DECEASE PIPINI 3. NAME OF DECEASE PIPINI 4. DATE ON AT DEATH MAY 16. 19 67. 5. SEX FEMALE White WIDOWED DIVORCED VICEORED SIRTH 2/27/1915 9. DATE (In years IF UNDER 1 YEAR IF UNDER 2 HEXE 100. USUAL OCCUPATION (Give kind of work done Under the Viceory of Country) 10. USUAL OCCUPATION (Give kind of work done NOUSTRY) 10. USUAL OCCUPATION (Give kind of work done Nous done Involved Process (Nous Nous Nous Nous Nous Nous Nous Nous		(If outside corporate limits,				TOWN (If ou				
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Baldwin Mill Rd			in hospital, a	ive street oddress)					e. IS RESII	DENCE
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14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude R. Riley	during most of working	ng life, even if retired)				,	or foreign country)			
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr William M Dalton Same					14. MOTHE	R'S MAIDEN N	AME			
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SHIEF MEDICAL EXAMINER	20c. TIME OF II	NJURY Month, Doy, Yeor o.m. p.m. May 16 1960 tify that Vtaak charge	20d. IN While of work	DURY OCCURRED 200 Not While of work and a described above	e PLACE OF INJURY foctory street, of	(Home, form ce bldg., etc.)	201 (City pysown) Maspectian Ir	aquiry .	YES D STACK Unity) (1)	Bolg Stoyes
ACTUAL ACTUAL 22. DATE SIGNED	20c. TIME OF II	NJURY Month, Doy, Yeor o.m. p.m. May 16 1960 tify that Vtaak charge	20d. IN While of work	DURY OCCURRED 200 Not While of work and a described above	e PLACE OF INJURY foctory street, of the day an Auto Suicide ,	(Home, form ce bldg., etc.) psylling Homicide	201 (City of Swa) Inspection Ir Undetermined	aquiry .	YES D STACK Unity) (1)	Bolg Stoyes
STOTETH MEDICAL EVANDOR OF	20c. TIME OF II Hour 21. I cert death resu	NJURY Month, Doy, Yeor o.m. p.m. May 16 1960 tify that Vtaak charge	20d. IN While of work	DURY OCCURRED 200 Not While of work and a described above	e place of INJURY foctory street, of the day of the street	(Home, form ce bldg., etc.) DSV J. Homicide	hspectian Ir Undetermined	aquiry .	YES D	NO Sold Stay Stay Stay Stay Stay Stay Stay Stay
NAME (Type) CHARLES F. O'DONNELL, M.D. Address (Street, city, town, or county)	20c. TIME OF II Hour I death rest	NJURY Month, Doy, Yeor o.m. p.m. May 16 1960 tify that Vtaak charge	20d. IN While of work	DURY OCCURRED 200 Not While of work and a described above	e pact of injury foctory street, of the bald an Auto Suicide ,	(Home, form ce bldg., etc.) ps	Inspection In Undetermined EXAMINER CAL EXAMINER	aquiry .	YES D	NO Sold Stay Stay Stay Stay Stay Stay Stay Stay
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	20c. TIME OF II Hour death resu	NJURY Month, Doy, Year o.m. jify that I taak charge ulted from: Natural	20d. IN While of the rem	DURY OCCURRED 28 Not While of work and a contract of the cont	e, hold an Auto Suicide ,	(Home, form ce bldg, etc.) psy = 7 Homicide IEF MEDICAL STSTANT MEDICAL PUTY MEDICAL	Signature (City of Cown) Inspection Ir Inspection I	aquiry .	YES D	NO Sold Stay Stay Stay Stay Stay Stay Stay Stay
REMOVAL (Specify)	20c. TIME OF II Hour I	NJURY Month, Doy, Year o.m. ify that I taak charge ulted from: Natural CHARLES F. TION, 23b. DATE THER	20d. IN While of work of the rem causes	DURY OCCURRED 20 Not While of work of work of work of Marcident . Accident . M. D	e pace of injury foctory freet, of the Suicide , of M.D. A.	(Home, form ce bldg, etc.) psy = 7 Homicide IEF MEDICAL STSTANT MEDICAL PUTY MEDICAL	hspectian Ir Ir Ir Ir Ir Ir Ir I	aquiry, manner	YES DAY THE STANKE OF THE STAN	Signed Signed
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	20c. TIME OF II Hour 21. I cert death rest ACTUAL SIGNATURE EXAMINER'S NAME (Type) 230. BURIAL, CREMA PERMALY, CREMA	NURY Month, Doy, Year North Harris May 196 Natural CHARLES F. TION, 23b. DATE THER	20d. IN While of work of the rem causes CO DON	DURY OCCURRED 28 Not While of work Programmer Programm	PACE OF INJURY foctory freet, of Suicide , DE M.D. AC AN AN OF CREMATORY	(Home, form ce bldg, etc.) psy = 7 Homicide IEF MEDICAL STSTANT MEDICAL PUTY MEDICAL	Inspection Ir In	aquiry, manner Town)	yES DEFE	Signed Signed
	20c. TIME OF II Hour I	NJURY Month, Doy, Year on p.m. May 1960 1960 1960 1960 1960 1960 1960 1960	20d. IN While of work of the rem causes CO DON	DURY OCCURRED 28 Not While of work of Accident Accident M.D. D. 28 NELL, M.D. D. 23c. NAME OF CEMETER St. Johns	PACE OF INJURY foctory freet, of Suicide , DE M.D. AC AN AN OF CREMATORY	(Home, form ce bldg, etc.) Homicide IEF MEDICAL SISTANT MEDI PUTY MFDICA Idress (Street	Mspectian Ir Ir Ir Ir Ir Ir Ir I	rquiry , manner	YES DE VIEW (County) (Sounty)	Signed Signed

08229 the rest of the rest of the contract of the rest of th THE YEAR STREET STREET AND ADDRESS. The state of the s . The same and the See the second of the second o

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O		altimore		MARYLA	ND		yland	b. COU	NTY Ann	e Ar	unde	1 Cc
Ь	write RUPAL O	(If outside corporate limit and give nearest town)	is,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou	tside corporote Burnie		RAL ond giv	re neores	t town)	
d	. NAME OF HOSP	ITAL OR INSTITUTION (If n	at in haspi	ital, give street address)		d. STREET ADDRESS				1	ON A F	DENCE ARM?
	GREAT	TER BALT	Timo	REMEDICAL	CEN	TER, 713	Caroly	n Road		,		NO 🗌
(NAME OF DECEASED (Type or print)	1	irst STA	Middle	ĵ) ANGO	4. DATE OF DEATH		7,	Day		67
5. S	SEX Female	6. COLOR OR RACE White	7. MARE WIDOV	-		8. DATE OF BIRTH 6-10-1893		AGE (In years lost birthday) 73 yrs.	IF UNDER Manths	Days :	Hours	Min.
10o. durir	USUAL OCCUPATION May most of working Housewi	DN (Give kind of work done og life, even if retired) . ±e	10	Db. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County Russia	& Stote, or fore	ign country)	12. (TIZEN OF	WHAT S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I						
	Unkn			fins		Helen	Kresh					
15. (Yes	WAS DECEASED EV s, no, ar unknown	VER IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	16. SOCIAL SECURITY NO. 215-01-3179		INFORMANT rs. Elsi e E.	Bensi	Addr nger, 7		roly	n Rd	
	18. CAUSE OF PART I. DE	001	(,)	e for (a), (b), and (c).) varduas an	rei	t seconda	my to	old	, +		ERVAL BET SET AND C	
	rise to immedia stating the und last.		(c) C	habehi	M	ellips	00 130 70				2	
ATION	PART 11. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUT	ING TO DEATH BUT NOT RELATE	ED TO 1	THE TERMINAL DISEASE CON	NDITION GIVEN	IN PART I(o)	H.	19. YI	WAS AUTO PERFORM ES	OPSY ED? NO
MEDICAL CERTIFICATION	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20	b. DESCRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury in	Part I ar Part	II af item 18.)				H
MEDICA	Hour'd	JURY Month, Day, Year a.m. b.m. 19	1	Od. INJURY OCCURRED While Not While twark at wark		CE OF INJURY (Hame, farm ory, street, office bldg., etc.)		(City or town)	(Co	ounty)		(State)
	21. I cert	tify that (I) (this how deceased alive an_	pital) at	ttended the deceased from 1967, an	om_/ d that	t degith accurred at			and an t			we) lo:
	220. SIGNATUR	udilina	h.	Olyza	M.[MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNI	6	7
	22c. PHYSICIAN NAME (Typ		NA	M. OFEYZ	A	GBMC- 6	701 15.	.Charles	Sf.	MI). 21	204
230.	BURIAL, CREMAT		EREOF -196	7 Loudon Pa			23d. LOC Bal	ATION (City or To	Mary	(County)) (5	tate)
	FUNERAL DIRECT		4107	Wilkens Avenu	e		BY REGISTRA	25b. R	CUSTRAR'S	MENATUR	udge	•

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicary and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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> VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06243

CERTIFICATE OF DEATH

06234

1.	O. COUNTY BALL	TIMORE		MARYLAND	2. USUAL RESIDENCE o. STATE MARY		ed lived, if institut b. COU		pefore adm	ission)
	b. CITY OR TOWN (If autside corporate limit	'S,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporat	e limits, write RUI	RAL and give ne	earest town	1)
	FORT HOW	ARD nearest town)		364 DAYS	BALTI	MORE -	21229	3,	oid	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, (give street address)	d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	VETERAN	S ADMINISTF	RATION :	HOSPITAL	416 N. DE	NNISON	STREET			NO X
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mont	h	Doy	Year
	(Type or print)	DE	WEY	J.	DANIEL	OF DEATH	MA	Y	2	19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last_birthday)	Months De	AR IF UN	IDER 24 HRS.
	MALE	NEGRO	WIDOWED	DIVORCED	5/23/98	T	68 yrs.	months De	ays nou	irs Min.
	. USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or fore	eign country)	12. CITIZE	N OF WHA	1
P	TPERTURE.	R	SHI	PBUILDING	WELDON,	NORTH (CAROLINA	U.S	5.A.	
13.	. FATHER'S NAME		200131		14. MOTHER'S MAIDEN					
	ELISHA I	DANIEL			MARY ASH					
15.	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess		115
111	YES	WW I	2 Service)	18 01 57 71 C	LIN. RECORDS	. VA HO	SPTTAT.	मण मा	JARD	MD
	1B. CAUSE OF DE PART I. DEAT	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) BRO						INTERVAL ONSEL AN	BETWEEN
	Canditians, if any, rise to immediat stating the under last.	, which gave e cause (o),	(b)							
Z				TO DEATH BUT NOT RELATED TO			I IN PART 1(o)		19. WAS	AUTOPSY ORMED?
ATIO	ENCEPHA	ALOMALACIA	AND GE	NERALIZED ARTE	RIOSCLEROSI	S			YES X	
L CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour a.n p.n	10	20d. If While at war	Not While for	CE OF INJURY (Hame, fari tory, street, office bldg., etc		(City or town)	(County	')	(Stote)
		fy that≥(t)x (this has eceased alive an		ded the deceased from		19, to 2:00Pm,	5/2/6 from couses	7_, 19 and on the	, that 🕸 date sto) (we) las ted obove
	22a. SIGNATURE	Dalber	Z	М.	1111100	MED. DIRECTOR	STAFF PHYS.	22b. DATE 5/	SIGNED 2/67	
	PHYSICIAN'S NAME (Type)	JOHN D.	TALBER	T, M. D.	VAH FOR	T HOWAI	RD, MARY	LAND		
-	BURIAL, CREMATIC REMOVAL (Specify) BURTAL		1 10	23c. NAME OF CEMETERY OR BALL'IMORE NA			ATTIMORE	,	unty)	(Stote)
	. FUNERAL DIRECTO		M	ORTEN DYETT	FUNERAL ²⁵ HOW	BY REGISTRA	IR 25b. RE	GISTRAR'S SIGN	ATURE	dat.
			7	701 TAURENS ST	BATTTWARE	AATO 4	1967	A CONTRACTOR	7	0

OKALIMENT CAMPER ROSENESS OF CLUB. SEE MY TERM TO DESCRIPTION OF THE PARTY. 1000 Along an authority with a livering CAR OLDY TAL COM. ESSENS, W. BOHLERS, C. DOWNER, LD. TO BE AND ANY COMMENT THE PARTY OF THE PARTY

1	6	2	4	4
U	U	4	Z	

06244		CERTIFICATE	OF DEATH			00233
1. PLACE OF DEATH o. COUNTY Baltim		MARYLAND	o. STATE Md.	here deceased lived, if instituti b. COUN	IY Balt	imore
b. CITY OR TOWN (If autside carpo write RURAL and give nearest TOWSON	town)	OF STAY IN 1b	c. CITY OR TOWN (If out Timoni	side corparate limits, write RUR	AL and give neares	t town)
	10N (If not in haspital, give street as nor Nursing Home		d. STREET ADDRESS 205 Pata	nn Road		o. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) R O B		Middle D	A V I S	4. DATE Mont OF Maj		Year 19 67
s. SEX 6. COLOR OR male white		R MARRIED 8	10-29-189	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Manths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of viduring most of working life, even if retired. 13. FATHER'S NAME	ed) INDUSTRY	VESS OR	Penna. 14. MOTHER'S MAIDEN N	Stote, or fareign country)	12. CITIZEN OF COUNTRY?	
Harry (.	Davis 16. SOCIAL SECU	RITY NO. 17.	Catherin NFORMANT	eAddre	SS	
(Yes, no, or unknown) (If yes give war				1, 205 Patann		ium-2109
18. CAUSE OF DEATH (Enter an PART 1. DEATH WAS CAUSEI IMMEDIA	ly one couse per line for (a), (b), and D BY: ATE CAUSE (a)	na of Car	low with n	relatasis		ERVAL BETWEEN SET AND DEATH
1538	DUE TO					/
Conditions, if any, which gave nise to immediate couse (a), stating the underlying cause last.	(b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DI	EATH	INJURY OCCURRED. (Enter nature af injury in P	art I ar Part II of item 18.)		
20c. TIME OF INJURY Manth, Do Haur o.m.	19 20d. INJURY OCCUP While Not W at wark at w	hile focto	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City ar town)	(County)	(State)
21. I certify that (I) (this hospital) attended the d	eceased fram	death accurred at	967, to		nat (I) (we) las
220. SIGNATURE allan	1.	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	
22c. PHYSICIAN'S NAME (Type) Dr.	A. Allan Spier		1501 Pent	ridge Rd,Balto	o,Md.	
DEMOVAL (Consile)		ME OF CEMETERY OR C		23d. LOCATION (City or To	Md.	
24. FUNERAL DIRECTOR	AD Dolling	DRESS	2Sa. REC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATUI	₹E

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tweefal director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event. within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		/8/	
A.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
	BALTIMORE MARYLAND	a. STATE b. COUNTY 12A	LTIM ORE
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
	write RURAL and give nearest town) CATONS VILLE / mo. 10d.	lowson.	12.1
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	9. IS RESIDENCE
	SPRING GROVE STATE HOSPITAL	1610 Lyle Court	ON A FARM?
3.	NAME OF First Middle	Last 14. DATE Month	Day Year
	DECEASED (Type or print) ROSE MANDE	DAVIS DEATH MAY	29 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 77 1ast birthday) Months	Days Hours Min.
	WIDOWED DIVORCED	3-17-40 78 yrs. 2	12 hours min.
102	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
uuı	Ing most of working life, even if retired) INDUSTRY).S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME /	
	1608 / +wis	Hadis	
15	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Y	es, no, or unkown) (If yes give war or dates of service) 2 19-01-3009	CARSON W. CLEGG, JR. 16/0 4	LYIE COURT
	1	CHILLON MICEERRATE	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: CONGESTIVE H	LEART FAILURE	
	493 X DUE TO -		
	Conditions, If any, which) (b) PNEUMONIA		
	gave rise to Immediate cause (a), stating the DUE TO		
	underlying cause last. (c) ETIO LOGY UN	(NOWN	
ION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAT	GENERALIZED ARTERIOSCL	EROSIS	YES NO
CERTIFICATION		IRRED. (Enter nature of injury in Part I or Part II of Item 18.	
MEDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
MEO	Hour a.m. While Not While at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	APRIL 19 , 1967, to MAY 29, 196	that (I) (we) last
	saw the deceased alive on APRIC 19 1967, and that	t death occurred at 3 59M, from the causes and on th	
	22a. SIGNATURE / /	7 22b. D/	TE SIGNED
	Morres Meille M.O	O. PHYS. DIRECTOR PHYS. 5	/29/67
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1
	NAME (Type) MORRIS MEILLER M.)). SPRING GROVE STATE	HOSPITAL
232	REMOVAL (Specify)	15K. 1150 11.	nty) (State)
24	FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
17	10/1/2 237 Vatabses	MAY 31 1967 Icharle	Ouder
1.6	1 (-10) - 20/	· DATE U L ISOI	Lucie

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06246	CERTIFICATE	OF DEATH		05237
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNT	v ,
Baltimore County	MARYLAND	Ma Ma	0. COOM	WASHINGTON
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	itside corporote limits, write RURA	
Write RURAL ond give necrest town) Mount Wilson		HAGE	ERSTOWN	212
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Mount Wilson State		119E V	VASHINTON ST	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) LAWRENCE	BERNARD	DEE	OF DEATH MAY	8 1967
	ARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	DOWED DIVORCED	10-15-14	06 lost hirthdoy) yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	NOTHING THE	14. MOTHER'S MAIDEN		
DECLAN DEE		ELL	EN FLYNN	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of servi	207.09-1046 Re	cords Mai	int Wilson St	ate Hospital
18. CAUSE OF DEATH (Enter only one couse per		cords, mod	ine intraon oc	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		bont for	lure	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Congestive	HELPI (41	IVIE	
5272 DUE TO	nit to		1	
Conditions, if ony, which gove rise to immediate couse (o),	Obstructive	AITWAYS	CISEASE	Years
stoting the underlying couse DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
5 01	1			PERFORMED? YES NO T
20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	1040315	Doed I as Doed II of item 10)	ILS [] NO []
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	209. DESCRIBE HOW INJURY OCCURRED.	trues notice of injury in	roll i of Port II of Irem 18.)	
(ii cittled, notif i medicae examined)				
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form		(County) (Slote)
p.m. 19	While Not While of work of work	iory, street, office blog., etc.		
21. I certify that (I) (this haspital)			9 ta	19 that (I) (we) las
saw the deceased alive an	19 and the	it death accurred at	M. fram causes a	nd an the date stated abave
220. SIGNATURE				22b. DATE SIGNED
1 1 1 1	1 2 4	D. PHYS	MED. STAFF DIRECTOR PHYS.	ZZZZ ZATE STOTIED
22c PHYSICIAN'S	m.	D. PHYS. L	DIRECTOR L PHYS. L	
	Superintenda		Wilson, Mary	land
Wm NAME Wewcomer, M.D.				
230. BURIAL, CREMATION, 23b, DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City of Town	n) (County) (Stote)
Sural VIIII 12.1	76 X Mew Calle	Kerry Conti	So Malling	ne Mix
24. FUNERAL DIRECTOR	ADDRESS	256. RFC	ABY REGISTRAR 25b. REG	STRAR'S SIGNATURE
Marson 5 191	P. 12 10 5	DATE DATE	41 TO 1961 X	Charles Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and that any event, within 72 hours after deal

VR A15 (4) 20 M 1/66

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after hould hould

death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL DEAECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 172 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05238

1. PLACE OF DEATH a. COUNTY	altimore		MARYLAND	2. USUAL RE •. STATE	Maryla Maryla	ere deceased lived, II li and b. COUNT		
b. CITY OR TOWN (if write RURAL and	outside corporate limit giva neasest town al timore		O Yrs.	c. CITY OR	Baltir	e corporete limits, write	RURAL and give	neerest town)
	of Tyron		e street eddress) 21212	d. STREET A	206 N	. Tyron e	Rd.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JESSIE	LOUISE	Middle DEF	IBAUGH	4. DJ OI DI		24,	19 67
5. SEX Female	6. COLOR OR RACE	7. MARRIED NE	VER MARRIED 8	Nov. 24		9. AGE (In years last birthday) 86 yrs.	Months Deys	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATI done during most of wo Housewi	king life, even if retire	at H				re, or foreign country) Penna.	12. CITIZEN C	SA
13. FATHER'S NAME				14. MOTHER'S			THE SECTION AND ADDRESS OF THE PARTY OF THE	
Char		All the second second second second		Economic	Amand			
15. WAS DECEASED EVE (Yes, no, or unkown) (If	R IN U.S. ARMED FOR	ervice)				Address		21212
MO		414-01		Mrs. Hel	en D.Ki	rause-206		The second second
PART I. DEATH	EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (e)	ASCUL) with af	- 11			9	TERVAL BETWEEN NSET AND DEATH HYCOT
Conditions, if eny	DUE TO	Berig Ke	ral art	erial e Ri	shit by	lavid wi	16	week
gave rise to immadii (a), steting the ur ceuse last.	TO COURD TO							
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DIS	EASE CONDITION GIVE	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
3	n	1055 in	abdom	en/t	810/00			YES - NO
U (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE HC	OW INJURY OCCURED). (Enter nature of	injury in Peri I or	Pany II of Item 18.)		
20c. TIME OF INJU Hour a.m. p.m.	RY Month, Dey, Ye		While fee	CE OF INJURY (H tory, street, office b		(City or town)	(County)	(Stote)
	nal (I) (this hospi	2 / / /				from the causes a		that (I) (last last le stated above.
22a. SIGNATURE	. K. Ra	inney	9	ATTENDING		STAFF	7	22b. DATE
22c. PHYSICIAN'S NAME (Type)	Wm. H.	Kammer,	Jr.	22d. ADDR	11/6	26 Rt.	Bal	60. Mcl.
23a. BURIAL, CREMATII	5/27/6		1 Crest			LOCATION (City, tow	Mary]	(Stote)
24 FUNERAL DIRECTOR George	Funeral	Wayne Geo	ADDRESS		25a. REC'D BY	REGISTRAR 25b. REC	STRAR'S SIGHT	Hoge
					MALZ			

Shiryland - Analysisk BESTEROTE 400012105

206 Trione Dd. H. 23212 ... 200 M. Tyron E. Id.

TO BESSEL COLORS DEFENDENCE CONTROL BESSEL OF

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

bon completely ond in ony or remayal. signed by the burial-transit for use as the t hos been **DIRECTOR:** After this certificate be detached for Stote Dept. of H be retained director, poge should be filed O FUNERAL VR A15 (4) 25M 1/67

24 thours after death

requires that the deoth certificate

OR ATTENDING PHYSICIAN: The low

O HOSPITAL

06248 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b COUNTY Baltimore Maryland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore Lutherville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3401 N. Charles College Manor Nursing Home NAME OF DECEASED Dell (Type or print) Marv Boykin DEATH May S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Norfolk, Va.

14. MOTHER'S MAIDEN NAME Housewife U.S. Own Home 13. FATHER'S NAME William A. Elizabeth Whitehead Irwin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 919 Ruxton Rd. 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram death accurred at M. from causes and an the date stated above. saw the deceased alive an-22o. SIGNATURE ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S Dr. M. B. Levin E. University Pkwy 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Cedar Grove Norfolk Va. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR & Sons Co. 4905 York Rd. Balto 12. Md.

BALLER OF THE STAND OF SHIPE AND SHIPE STANDED TO SERVER STANDED TO STANDED T Tourney of the Court of the Cou . M. norter (S.I. Harrist America) Salas-P-cas M. L. S. Harristo. SIE C. SINGERS OF SIE The state of the s Note that the state of the stat Par 1381 & 4 Lenn | to the Niger Pinter out area of any or the or

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

06240

						A MICHAEL DECEMBRACE OF	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	with Aire Devil	11	
	PLACE OF DEATH Bay Limore					o Maryland	Where deceosed lived, if i b	nstitution: Kesiden . COUNTY	ce before odmiss	sion)
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	write AURAL and	outside corporate limits, give nearest town)		Life	IN ID	Baltimor	tside corporote limits, wri	te KUKAL ond give	neorest town)	
									034	/
		L OR INSTITUTION (If not i	n hospitol, g	ive street oddress)	100	d. STREET ADDRESS llol Kenilw	onth Drive	21204		FARM?
-	St. Josep	h Hospital				TIOT VEHITA	OI CII DIIVE	LILUT		NO K
	NAME OF DECEASED (Type or print)	Annie		Middle L.	I	e Prine	4. DATE OF DEATH	Month 5	5 ⁰⁰ Y	*67
S.	SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIE	DDB	DATE OF BIRTH 9/13/1889	9. AGE (In ye			ER 24 HRS.
Fe	Male	White	WIDOWED :	DIVORCE		9/13/1009	lost birthd	ογ) Months yrs.	Ooys Hours	Min.
100	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign country		IZEN OF WHAT	
duri	ing most of working li	ife, even if retired)	INI	DUSTRY		Reltimon	e Marylan	O 110	UNTRY?	
	FATHER'S NAME					14. MOTHER'S MAIDEN N		u 1 U)A	
		m Bauer				Mon	ian D. El	14 ant		
15.	WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. 11		Kenilwor			
(Ye	es, no, or unknown) (R IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice)			1101			v 6 .	
-		A741 /F		2 12 166	TIV	Mr. John	L. DePrin		I INTERVAL BI	ETMEEN
		ATH (Enter only one couse H WAS CAUSED BY:							ONSET AND	
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	120) DOL 10		anal Anton	iosal	erosis with	nocent Cor	nohnel		
	Conditions, if ony, rise to immediate	couse (n)		Mar Miter	TOSCI	elosis with	recent der	ebrai		
	stoting the under)				Thrombosi	is		
	last.) (c								
CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT REL	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART I	(0)	19. WAS AU PERFOR YES	
IFIG	20o. ACCIDENT WAS		205. OES	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in I	Port I or Port II of item 1	B.)		
CERT	OR CONTRIBUTING I									
ਤ		RY Month, Doy, Year	20d. IN	IJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	. 20f. (City or tov	wn) (Co	unty)	(Stote)
MEDICAL	Hour o.m	1.	While	Not While	focto	ory, street, office bldg., etc.)				
	p.m	la .	ot work		f 44	/11	9 67 to 5/	5 10	67, that (I)	In last
	saw the de	y that (1) (this haspi eceased alive on	5/5	19 <u>67,</u>	and that	death accurred at		uses and an t	he date state	ed above.
	220. SIGNATURE	1	0	00		ATTENDING	MED. STAFF	22b. D	ATE SIGNED 5/5/67	
		from,		Mayl.	7 M.D	PHYS.	DIRECTOR - IIII.		2/2/01	
	22c. PHYSICIAN'S NAME (Type)	Efraim L.R"	eyes			St. Jose	eph Hospita	1		
230	. BURIAL, CREMATIO	N. 23b. DATE THERE	OF	23c. NAME OF CEM	ETERY OR (REMATORY	23d. LOCATION (City	or Town)	(County)	(Stote)
	REMOVAL (Specify)					Cemetery			11	
	. FUNERAL DIRECTOR	21710		ADDRESS	Lar.V		Baltimo BY REGISTRAR 2	Sb. REGISTRAR'S	IGNATURE	
		ANDER & SC	NS T	NC. BALT	TMOP	A.A.A.A.	8 1967	Jelianle	Verges	
1				HA. DETT	TITOU	TID . DATE	TOU!	1	V A V	•

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, cremation, or removal, and in any event, within, 72 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS CERTIFICATI		STREET, BALTIMO	RE 1, MARYLAND
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLANO	a. STATE	b. cour	Baltimore
b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		ite RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF Summit Nursing Hor	not in hospital, give street eddress)	d. STREET ADDRESS	outh Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF First OECEASEO (Type or print) Rudol:	middle Die	Lest enhart	4. DATE Mont	h Day Year
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCEO DIVORCEO	Nov.16,18	. last hirthday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ransportation Clerk	10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.	Md.	unty & State, or foreign country	2) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Julius J. Dienha:		14. MOTHER'S MAIDI	E. Ehoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yes give war or dates of servi	27 16. SOCIAL SECURITY NO. 17.	INFORMANT G. George E.	Russell, Jr.	
18. CAUSE OF OEATH [Enter only one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO		-Vascular Di	sease	INTERVAL BETWEEN ONSET AND GEATH 15 yrs.
underlying cause last.) (c) PARTII.OTHER SIGNIFICANT CONDITIONS C	abetes Mellitus			YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II	of Item 18.)
ZOc. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED 20e. PLA factor while at work at work	CE OF INJURY (Home, fa ory, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
21. I certify that (I) this best ital saw the deceased alive on Mo 22a. SIGNATURE	attended the deceased from 19.67, and tha	ATTENDING - 1	:25M, from the causes MED. STAFF PHYS.	19_67, that (I) (we) last and on the date stated above 22b. DATE SIGNED Lay 10,1967
	J. Gaer		l Mallow Hill Baltimore, Mo	
23a. BURIAL, CREMATION, 23b. OATE THER REMOVAL (Specify) Burial 5-12-19		nk	23d. LOCATION (City, the Baltim CD BY REGISTRAR 25b. F	ore Md.
G. Howard Strong 320		DATE A		worles Juage

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VR A15 (4) 15M 4-64

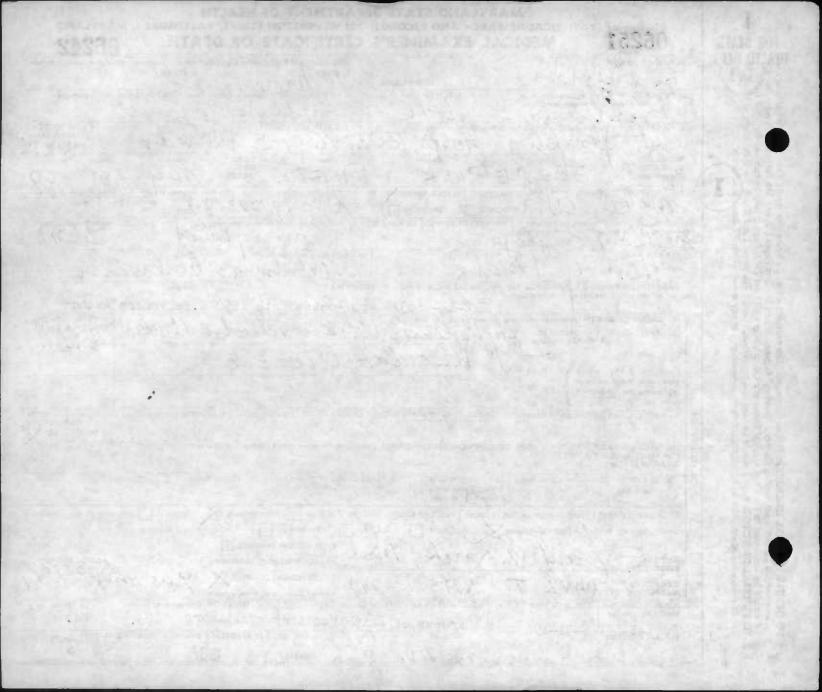
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STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE OF DEAT 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) a. COUNTY Page a. STATE b. COUNTY MARYLAND b. CITY OF TOWN Whatsde corporate limits, c. LENGTH OF STAY IN 16 WN (If outside corporate limits, write RURAL and give nagrest town) irector. 5 OR INSTITUTION e. IS RESIDENCE nel in hospital d. STREET ON A FARM? retained State YES NO DE in Item 18. Give Pages 1, 2, and 3 to the funning with form PM3. Page 5 may be retaine ssi permit. File pages 1 and 2 with the State 1 in any event within 72 hour siter leath NAME OF DATE Month Day Yaar DECEASED OF (Type or print DEATH 19 SEX 9. AGE (In years IF UNDER 1 YEAR lest Olythday) Months | Days NEVER MARRIED 8. DATE O IF UNDER 24 MRS Months Min. Hours WIDOWED DIVORCED ACCUPATION (Give_kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? mos of wording life, evan If refer 13. FATHER'S NAME 14 / MOTHER' EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordalasofservica) Louise Roth E.Belvedere Avenue -12-06834 Mrs 18. CAUSE OF DEATH [Inlar only one cause per line/for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) and in pencil removal, Condillons, if any, which (b) gava risa to immadiata cause "pending" Examiner's (0) DUE TO (a), stating the undarlying 88 0 causa last. pesn (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 the word YES NO Medical pluods 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Entar partie of Injury In Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH writing the Chief A 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home Harm, 20f. (City or town) Month, Day, Yaar (County) (State) factory, street, office bldg., atc.) Not While 0 to the at work prior artificate, should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion designated agent, death resulted from? Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE ease execute DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slala) its REMOVAL (Spacify) altimore Md. Gardens of Faith Gemetery Co. OH 40 ADDRESS 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I VS. A15ME 5M 7/59 401

MARYLAND STATE DEPARTMENT OF HEALTH





		MARYLAND STATE DEPARTMENT OF HEALTH
/_		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
.	06252	CERTIFICATE OF DEATH

					100000
PLACE OF DEATH O. COUNTY				Where deceosed lived, if institut	
Baltimore		MARYLAND	Maryland	b. COUI	PALTIMORE
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 16		utside corporote limits, write RUF	RAL ond give neorest town)
Towson	nd give nearest tawn)		Baltimore	21234	03-1
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospito	l, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	h Hospital		8007 Jacq	ueline Lane	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	
(Type or print)	Mary	Lucille	DiFATTA	OF DEATH Ma	y 16, 19 67
S. SEX	6. COLOR OR RACE 7. MARRIE	WOS.	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Hours Min.
Female	White WIDOWE		January 8, 1	74 yrs.	
during most of working Homemaker	g life, even if retired)	KIND OF BUSINESS OR INDUSTRY	West Virg	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			I 14. MOTHER'S MAIDEN		
Benja	min J Rowland			adge Ramsey	
		6. SOCIAL SECURITY NO. 1	7. INFORMANT	Addre	55
	(If yes give wor or dates of service)			Ecorus	
1B. CAUSE OF D	DEATH (Enter only one couse per line	for (a), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	astatic carcin	noma of the b	reast	ONSET AND DEATH
170 X	DUE TO				
Conditions, if on		lonephritis			3
rise to immedio	te couse (o), (DUE TO				
last.		nchopneumonia		**	
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING		TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
TION					PERFORMED? YES NO
20g ACCIDENT W	AS UNDERLYING \(\square\) 20b.	DESCRIBE HOW INJURY OCCURR	FD (Enter noture of injury in	Port 1 or Port II of item 1R \	7.5 1.10 0
OR CONTRIBUTING	G CAUSE OF DEATH (MEDICAL EXAMINER)	DESCRIBE NOW WOOK? OCCORR	ED. (Ellion horose of injury in	Total of Total of Hear 12.)	
20c. TIME OF IN.	, , , , , , , , , , , , , , , , , , , ,		PLACE OF INJURY (Home, form		(County) (Stote)
Hour o		ile Not While of work	foctory, street, office bldg., etc.		
			April 28.	19 67 to May 16	1967, that X) (we) last
saw the c	leceased alive an May 16	19.67, and 1	that death accurred at	7:458M, fram causes	and an the date stated above
220. SIGNATURE		11 /			22b. DATE SIGNED
Mul	es 6. 41.	John-	M.D. PHYS.	MED. DIRECTOR PHYS.	May 16, 1967
22c. PHYSICIAN'	5		22d. ADDRESS		1011
NAME (Type	Miles St. Jo	hn, M.D.	7620 Yor	k Rd., Towson,	Md. 21204
230. BURIAL, CREMATI		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or To	wn) (County) (Stote)
BENDA Bell	5/18/67	Parkwood		Baltimore	. Md.
24. FUNERAL DIRECT	OR	ADDRESS	2So. REC'	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
CHAS.	F. EVANS & SON	. INC Balt	O. Md. DAMAN	1 8 1967 10	Cearles Junge
		,		10 30/	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 17 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

> VR A15 (4) 25M 1/67

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death. papers. Page Page hours remove carbon par any event, withir letely completely ove carbon executed and 2 attending physician rmit. Then please certificate remova ed by the attenctransit permit. death PHYSICIAN: The law requires that the this certificate has been signed by the detached for use as the burial-transit e Dept, of Health prior to burial, cremarents of the statements of the statement of the statements of the statement of the statements of the statements of the statements of the statements of the statement of the statements of the statement of the statements the hospital or attending physician. be de State DIRECTOR: After tage 3 should be de pe

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore OWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Apt. H Wilson Point Road NO NAME OF Middle DATE Month DECEASED (Type or print) 961 DEATH 19 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED 9. NEVER MARRIED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. (Yes. no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) WAS AUTOPSY CAT PERFORMED? POSSIBLE 16-18 TRISONY YES [NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESGRIBE HOW INJURY OGGURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1967 to 5-7-21. I certify that (I) (this hospital) attended the deceased from... and that death occurred at 8.40 PM, from the gauses and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

CERTIFI MEDICAL TO FUNERAL DIRE director, page 3 should be filed v Page 4 may 1 OF CEMEJERY OR CREMATORY BURIAL, CREMATION. DATE THEREOF REMOVAL (Specify) FUNERAL DIRECT **ADDRESS** DATE

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John E. Adam U.D. Agell.

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission a. COUNTY b. COUNTY MARYLAND ITY OR TOWN (if outside with write RURAL and give neerest town) OR TOWN (If outside corporete limits, write RURAL and give neerest town c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) ON A FARM? YES NO L 3. NAME OF 4. DATE Month Day Yeer OF DECEASED DEATH (Type or print) IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days WIDOWED V 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done duging most of working life, even if retired) HO432W152 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 THORN (Yas, no. or unkown) | [Ifves give wer or detes of service] INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata cause DUE TO (a), steting the underlying causa lest. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20d, INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office, bldg., etc. While Not While Hour a.m. at work et work p.m, that (1) (we) last to..... DM, from the causes and on the date stated above., and that death occurred to saw the deceased alive on..... DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, p (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF FORT LINCOLN CR TO

VR A1S (4) 1SM 7-62

MARYCAND BASTIMORE GUE FREWDER CATONS VILLES EDGEWATER SUMMIT NURSING HOME P2 BOX 29 ELSIE I DOCLAN MAY 75 9981 1 7932 V 37AD 33AM2 HOME WASH DC US Heusewife HERBERT GORDON EFFE WASHINGTON WRIGHT MRS THORN EMERGERETH TOOK FOR COMMENCED AFORD CREMATICAL PART 21 NORT LINCOLN CREAL PRINCE GEO. Co. MD

SCHO M. TANCE. SON TOUBPELIS MO.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0625	-
PLACE OF DEATH	

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before admission)
Daltimore MARYLAND	o. STATE b. COUNTY Marvland Anne	Arundel
b CITY OP TOWN (If outside corporate limits	c. CITY OR TOWN (If outside corparate limits, write RURAL and give	e nearest town)
write RURAL and give nearest town)	ANNAPOLIS MD. 214	403 102
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Breater Baltimore Hedical Center	1027 MADISON CT.	ON A FARM? YES NO
3. NAME OF First Middle DECEASED A A A A A A A A A A A A A A A A A A A	Last 4. DATE Month	Doy Year
(Type or print) homas NMN	Early Death 5 2	0 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTN 9. AGE (In years IF UNDER) Jost birthdoy) Months	Doys Hours Min.
Male CAU WIDOWED DIVORCED	12-03 63 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar foreign country) 12. CIT	IZEN OF WHAT
RETIRED Foreman Retail Dairy	ROGERSVILLE TENN	UNTRY? U. S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES EARLY (DECEASE)	Mandy STUBLE FIELD	
Av. 1) hat	INFORMANT Address	
(Yes, no, or, unknown) (If yes give wor or dotes of service) 408-28-4886 I	ula B. Early - same as #2 abov	
IR CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lung	ONSET AND DEATH
16 3 X DUE TO		
Canditians, if ony, which gove) (b)		
rise to immediate cause (o), (DUE TO		
stating the underlying cause last.		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour a.m. 100 While Not While foct		PERFORMED? YES NO
20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	I IES NO NO
OR CONTRIBUTING CAUSE OF DEATH	(ciner nature of injury in Fort 1 of Fort it at hell 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INIURY Month Day Year 20d INJURY OCCURRED 20e. PLA	CF OF INJURY (Home, form. 20f. (City or town) (Cou	unty) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA While Not While foot	CE OF INJURY (Home, form, lory, street, office bldg., etc.) 20f. (City or town) (Cou	(Stote)
p.m. 17 of wark 🗀 of work		
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an	5-9-6719 to 5/20/6719 t death accurred atM, fram causes and an th	
22a. SIGNATURE		TE SIGNED
Achillar M.I	D. ATTENDING DIRECTOR DIRECTOR PHYS.	20/67
22c. PHYSICIAN'S RAM K. CHHILLAR	22d. ADDRESS GTR. 13ALTO. MED.	CENTER
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify) Burial 5/23/67 Hillcrest	Cometens innuncia 4 a	Ma
24 FUNERAL DIRECTOR (1) ADDRESS	ZSo. REC'D BY REGISTRAR 1 25b. REGISTRAR'S S	
Beverley E. opping foundly to Appropriate the service of the servi	1 MAY 2 4 1967 Icharles	Judge
	THIS COUNTY IN THE PROPERTY OF	(1 1/

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and correletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and actionally should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often deed Page 4 moy be retained by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

29390 SHOWITUME Greater Baltimore Hedical Genter Thomas NMN Early Male CALL 5-4-61 2/20/64 Heldiller 7 14/17 C 3/20/67 Gye izet To Meo. Center RAM K. CHHILLAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

The Parks of the P			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	See TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event writing 72 haurs after Death.	
	VP	A15 (4)	
	25	M 1/67	

06258	DIVISION OF VIII	CERTIFICAT	E OF DEATH	JRL, MARTLAND 21201	06248
1. PLACE OF DEATH o. COUNTY BAL	TO	MARYLAND	o. STATE Md	b. COL	BALTO
b. CITY OR TOWN (If outside write RURAL and give new	orest town)	c. LENGTH OF STAY IN 16	CATONS	otside corporate limits, write RU	03-1
d. NAME OF HOSPITAL OR IN:	HOME	itol, give street oddress)	d. STREET ADDRESS	LONNE	OR, YES □ NO □
3. NAME OF DECEASED (Type or print)	HOOPE	Middle REDGAR	SR.	4. DATE Mor OF DEATH	9V 13 1967
m	R OR RACE 7. MARI	WED DIVORCED	8. DATE OF BIRTH (2/2/9/	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kinduring most of working life, even	if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	Md,	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	M EDG	AR	14. MOTHER'S MAIDEN	NAME REA	
15. WAS DECEASED EVER IN U.S. A (Yes, no. or unknown) (If yes giv			HELEN E	DELMANN	ress
18. CAUSE OF DEATH (Ent PART I. DEATH WAS C	er only one couse per lin AUSED BY: MEDIATE CAUSE (o)	e for (o), (b), ond (c).)	rdythme	e due to	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which go rise to immediate couse (stating the underlying co	0).	teris schoo	the cord	nay dise	ue
lost.	(c)_{/	INCLUDED TO DEATH BY NOT RELATED TO	andrea (CALACIES IN PART 1(a)	19. WAS AUTOPSY
ICATION	18-17-201				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 200. TIME OF INJURY MONI Hour o.m.	OF DEATH XAMINER)	b. DESCRIBE HOW INJURY OCCURRE			
20c. TIME OF INJURY Mont Hour o.m. p.m.	10		LACE OF INJURY (Home, forn octory, street, office bldg., etc.		(County) (Stote)
saw the deceased	(I) (this haspital) at alive an	tended the deceased fram_ 1967, and the	March , 1 an death accurred at	967 , to 13 Ma M, fram causes	, 1967, that (I) (we) la and an the date stated above
220. SIGNATURE	1. Brys	on	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 15 1/104 6 7
22c. PHYSICIAN'S' NAME (Type)		J	22d. ADDRESS		1
230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 5/16/67	23c. NAME OF CEMETERY O	VE-	Total Control of the	o. md
24. FÜNERAL DIRECTOR E.S., MALNA	ABB TR.	301 FREDET	PICK 12 250. REC'I		EGISTRAR'S SIGNATURE

********* 1.

FOR STATE necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

Health priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06253

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06249

			00024
1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution:	Residence before odmission)
Baltimore	MARYLAND	o. STATE Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limit	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest town)
write RURAL and give nearest town) Towson		Baltimore	30,4
d. NAME OF HOSPITAL OR INSTITUTION (IF r	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Hillendale Cour		1202 Cherry Hill R	oad YES NO IX
	irst Middle	Lost 4. DATE Month	Doy Year
DECEACED	ILL LEONSTO	ELLERBE OF May	11 19 67
SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED		UNDER I YEAR IF UNDER 24 HRS.
Male Negro	WIDOWED DIVORCED	2-14-1926 41 yrs.	onins Doys Hours Mills.
0o. USUAL OCCUPATION (Give kind of work done		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
uring most of working life, even if retired)	COACTE	FILETHE WE.	COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDIN NAM!	
Joshuh FILE	rbe	MINNES HINES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	,
(Yes, no, or unknown) (If yes give wor or dotes	of service)	Yolin Ellerbe izoza	Leavy Hall 170
18. CAUSE OF DEATH (Enter only one co	use per line for (o), (b), and (c).)		INTERVAL BETWEEN
		arteriosclerotic Cardiovascu	Tar ONSET AND DEATH
111173	KMX Disease.	T dol 20 do 20 20 20 20 20 7 CO 20 20 20 20 20 20 20 20 20 20 20 20 20	
Conditions, if ony, which gove	(b)		
rise to immediate couse (o),	E TO	Les Maries de la Carte de la C	
stoting the underlying couse	(c)		
PART II. OTHER SIGNIFICANT CONDITIONS	17	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
5			PERFORMED? YES X NO
20o. EXTERNAL CAUSE WAS	20h DESCRIBE HOW INTERLY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)	13 8 10
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	200. DESCRIBE NOW TOOK! OCCURRED.	tener notice of many in control of the first to.	
CAUSE OF DEATH.	20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
Hour o.m.	While Not While for	ctory, street, office bldg., etc.)	(51010)
p.m. 19	of work U of work U		
	ge of the remains described above, h		
death resulted fram: Natur	ral causes 🗴 / Actident 🗌, Sui	cide, Hamicide, Undetermined mann	er
ACTUAL (()/a	10. 1 / 1	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE ACC	lles & Telly -	M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Charles	s S. Petty	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5/11/67
			(County) (CA-4-1
230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	HEREOF 23c, NAME OF CEMETERY OR	1- P. 11/1	(County) (Stote)
24. PUNERAL DIRECTOR	ADDRESS 102	2 250. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
4. INNERAL DIRECTOR	31. 1 ADDRESS 112	DAT MAY 1 2 1967	anle Judge
11/1/1/1/10	FULLANDA VI PA	DATITION A NOVI	1

MESSO HURA TORRESTA REGULA Transcar francis 1. 3281-11-S showletter const. Ellers NE. MINING MINES 1534 a Lille b Define Flores 1202 along the P. J. serior of the course of the state of the could had Freigh Stele 7 Orgen Prin Parklasies MELTING LONG B

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06260 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) b. COUNTY DA o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b (If outside comparate limits, write RURAL and give nearest town) and give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 00 YES NO I 3. NAME OF Middle DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Coupty & State, or foreign country) 12. CITIZEN OF WHAT FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), **OUE TO** stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 teracutres 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 2Dd. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While Many Ways 19___, that (I) (we) last M, fram causes and an the date stated above. 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR X M.D. 22d. ADDRESS 22c. PHYSICIAN'S GEORGE MCLEAN NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) owson, 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After Poge 4 may be retained

within 72 hours

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this certificate has been

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTISICATE OF DEATH

06951

FOR STATE		00201		MEDICAL EXAMINER	3 CERTIFICATE OF DE	AIR	LOUGUI
HEALTH DERT.	1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where d	eceosed lived, if institution: Resid	dence before odmission)
is a a lie		O. COUNTY BALT	1 /no	Re MARYLAND	o. STATE MD	b. COUNTY A	LTO.
1 2 3 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	-	b. CITY OR TOWN (If outside corp		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	give nearest town)
, del and M3.		write BURAL and give hearest	E-KIVE	R 30 4RS.	MIDDLE	- RIVER	73.1
epair P	-	d. NAME OF HOSPITAL OR INSTITU	JTION (If not in hos	pital, give street address	d. STREET ADDRESS	~ 0	e. IS RESIDENCE ON A FARM?
form farm		2200 01	1 ORE	MS Rd.	12200 OLd	OREMS RO	YES NO R
death. If any Pages 1, 2, a with farm PN ne State Depart	3.	NAME OF //	First	Middle	Lost 4. DA		Doy Year
. > 6		OFCEASED (Type or print) ITAR	RY	CHARLES	EVANS SR DE	ATH //AY	10 1967
all	S.	SEX 6. COLOR OF	R RACE 7. MAE	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND)	ER I YEAR IF UNDER 24 HRS.
5 4 0 7 5	1	ALE WIN	~_	OWED DIVORCED	1-6-1894	1 d yrs.	
tem thours	10e	. USUAL OCCUPATION (Give kind of ing most of working life, even if reti	work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or forei	gn country) 12.	COUNTRY OF WHAT
24 h in Ith er's O ges 1c ofter		-AKPENJEI	R-Bell	MARTIN - CO	MD		1191H.
within 24 pencil in xaminer's ile pages hours ofti	13	FATHER S NAME	O I		14. MOTHER'S MAIDEN NAME	F 0	
with the Example File File Park		MARK	C F	-VANS	VYERN	ER	
ted al		WAS DECEASED EVER IN U.S. ARME s, po, or unknown) (If yes give we			7. INFORMANT	Address	C
pending" of Medical sit permit.	-	yes I W I	W	216-10-6063A	FLORENCE	EVANS	SAME
e ey	1	1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ED BY:	(of, f(b), and (c).)	Deluga		INTERVAL BETWEEN ONSET AND DEATH
ld be c Chief Chief transit		4201 IMMEDI	DUE TO	20 Ko rang	Gooding		
wo wo the the rid		Conditions, if ony, which gove) (b)	H-5-C	V- DISORA	2	
0		rise to immediate couse (a), stating the underlying couse	DUE TO				
ficat ing rded as c and		lost.) (c)				
e, writing tarwarded farwarded used as a naval, and	Z	PART II. OTHER SIGNIFICANT COI	NDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED	O THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION			A			YES NO
: Thi tificat Id be uld be or ren	RTIFI	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	2	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I o	r Port II of item 1B.)	-)
		CAUSE OF DEATH.		/ 1			
一の大子の主	MEDICAL	20c. TIME OF INJURY Month, D Hour o.m.			PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or town) ((County) (Stote)
EXAM cute th age 4 r yaur Page crema	2	p.m.		at work U ot work U			
Xect Xect For				e remoins described obove,		pection Inquiry	ond in my opinio
MEDICAL lease exect director. Proteined for DIRECTOR: ta burial,		deoth resulted from:	Notural cous	es 🔃, Accident 🔲, S	Suicide, Homicide, CHIEF MEDICAL EXAMIN	Undetermined manner	
MEDIC please (directa retained DIRECT		ACTUAL SIGNATURE	122	11172	M.D. ASSISTANT MEDICAL EX		22.7 DATE, SIGNED
Y, Srall Se		EXAMINER'S A 1		2000	CREPUTY MEDICAL EXAM		1/11/67
ecessary, le funerall may be r FUNERAL		NAME (Type) M. B	. DAY	115 M	Andlest tomogly to		vw (
necessary, the funero 5 may be 6 FUNERA Health pri	23	D. BURIAL, CREMATION, 23b REMOVAL (Specify)	b. DATE THEREOF	23c. NAME OF CEMETERY		d. LOCATION (City or Town)	(County) (Stote)
	L	NKIAL 3	113/61	TAKKY	ood cem.	13AL10	/1/D,
VR A15ME (5) 13	12	I. FUNERAL DIRECTOR	. 11	ADDRESS 300	MAN 1 -		S SIGNATURE
OM 1/6/	10	1 1- 1 0 A/ M	PIII	SAME ES	COV MALLS	HOD!	De VALGAGE

19230 SECURITY SEC Property of the Carlon Continue Charles and the Continue Charles and th CAR DE LES ESTATES HARR, C. EYMAS New York of the State of the St 105-224 - W. E. S. S. A. W. J. S. L. W. B. C. W. B. W. B

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0626	2		CERTIF	ICATE	OF DEATH				05	252	,
1. PLACE OF DEATH a. COUNTY Bal	timore		MARY	(LAND	2. USUAL RESIDENCE (V	Where dece	b. COU		ice before	admissio	in)
b. CITY OR TOWN write RURAL on Town	If outside carparate limit d give nearest tawn) SON	S,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside carparate limits, write RURAL and giver Halifax				ve nearest town)		
d. NAME OF HOSPI	oh, Hospita		give street address)		d. STREET ADDRESS Rt #1, Box	568				e. IS RESID ON A FA YES	NO ENCE
3. NAME OF DECEASED (Type or print)		rst NIE	Middle MAUD	E	Lost FARMER	4. DATE OF DEAT	Man	th	Day 26		67
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCE		11-26-94		9. AGE (In years 72st birthdoy) yrs.	IF UNDER Manths	Doys Doys	IF UNDER Hours	Min.
10a. USUAL OCCUPATIO during most af working Housew 13. FATHER'S NAME			IND OF BUSINESS OR NDUSTRY		Virginia 14. MOTHER'S MAIDEN		foreign country)	((TIZEN OF DUNTRY? U.S.		
Lee Di	vers ER IN U.S. ARMED FORCES? (If yes give wor ar dates	of service)	SOCIAL SECURITY NO.		Martha	Dillo	Addr		1 0		
PART I. DEA 3 3 Conditions, if any rise to immedia stating the under	te cause (a), ((a) Cere (b) Poss (b) infe	ebro vascu	lar t	. Melvin Fa	right		1	INT	1903 ERVAL BET SET AND D	
PART II. OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GI	VEN IN PART 1(a)			WAS AUTO PERFORM	OPSY ED? NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. D	ESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I or P	art II of item 18.)				
문 Hour'o.	URY Manth, Doy, Year m. m. 19	20d. I While			E OF INJURY (Hame, farn ary, street, affice bldg., etc.		(City or town)	(Co	ounty)	(Stote)
21. I cert saw the d 220. SIGNATURE	ify that (1) (this has eceased alive on _	pital) atten 5-26	ded the deceased		ATTENDING PHYS.	MED. DIRECTOR	STAFF	ond on 1	the date DATE SIGN -26-	67	l abav
23d BURIAL, CREMATI REMOVAL (Specif BUTIAL	5/29/				ve Cemetery	7 Ha	LOCATION (City or To alifax, V	a.	(County		tate)
Wm. Cook-	or Brooks Tows	on 105	ADDRESS O York Rd.	2120	AA.	AY 2 S		egistrar's			e

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

Could a Manufact Table to see all all the we want sages . . . seems will record to death (1)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 -			06263		Ttem 2	CERTIFICATE	OF DEAT	H kk		06	253
funeral and er death			COUNTY BALL	more	2	MARYLAND	O. STATE	NCE (Where deceased HORE) Mary	b. COUNTY		e admission)
by the funeral Pages 1 and ours after death		7	o. CITY OR TOWN (If outside corrections of the corr			MONTHS	-11.111	(If outside carporate 1		L and give neares	30,4
Med in papers.	90	5	HAME OF HOSPITAL OR INSTITUTED FOR STATE OF THE STATE OF	ITION (Is not in ho		address) OME4	d. STREET ADDRES	12279 Par 144914/1	HAMA	Avenue	e. IS RESIDENCE ON A FARM? YES NO
campletely filled in by the funeral lave carban papers. Pages 1 and 2 y eyent, within 72 hours after death	\mathbf{I}	,	NAME OF DECEASED (Type or print)	TRY First		Middle	FAUBL		Manth	Doy 4	Year 1967
		1	SEX 6. COLOR O	1 WID	DOWED 🔯	DIVORCED	DATE OF BIRTH	1882	pst birthday) yrs.	Months Days	Hours Min.
physician and en please rem aval, and in an		duri	usual Occupation (Give kind of ng most of warking life, even if rel	work dane ired)	10b. KIND OF BUS	INESS OR	UNK	Nown	n country)	12. CITIZEN OF COUNTRY?	
signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or remaval, and in any			FATHER'S NAME UNKNOW		Redlin	unitar No. 1 13		*KNOWN	Annie K		
permit. The		15. (Ye	was deceased ever in U.S. Armi s, no, or unknown) (If yes give w	ar ar dates of servic	M. D.T.	23-038 Mr.		nthicum, Mo F. Fauble 5		nger Cour	
by the transit p			18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMED	ED BY: NATE CAUSE (a)	line for (a), (b), a	nd (c).)	u To	Renalc	Jailer		ERVAL BETWEEN SET AND DEATH
signed burial-tr			Conditions, if any, which gave rise to immediate cause (a),	(b)	maly	In ant	affer	delinit	in,		
has been se as the h priar to			stating the underlying cause last. PART II. OTHER SIGNIFICANT CO	(c) <u>.</u>	A 5/6	OUT NOT BELATED TO T	D / HE	Lenera (n G.	WAS AUTOPSY
ate has	2	CERTIFICATION	200. ACCIDENT WAS UNDERLYING	o Mel	allis.	Glemi	o are	ory in Part I or Part II			PERFORMED?
certificate ched far u pt. af Heal			OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAM- 20c. TIME OF INJURY Month, D	DEATH MINER)	20d. INJURY OCCI		E OF INJURY (Home		(ity or town)	(County)	(Stote)
ter this be detacted		MEDICAL	Haur a.m. p.m.	19	While Nat	While Gacte	ary, street, affice bld	g., etc.)			not (1) (we) last
cror: A shauld vith the S			21. I certify that (I) sow the deceased al 22a. SIGNATURE		1/67	19, and that	death accurre	, 19 <i>(e(</i> , to ed_at_ <u>//_30.A</u> .M., f			e stoted obove.
DIRECTOR S S S S S S S S S S S S S S S S S S S			22c. PHYSICIAN'S	om.	Clille.	900/ M.C	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	5/4	167
JUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	0	230	NAME (Type) BURIAL, CREMATION, 231	DATE THEREOF	23c. NA	ANIEGO ME OF CEMETERY OR			TON (City or Town	13/VCV.) (Stote)
F	M	24	REMOVAL (Specify) Burial Ma	y 6, 196		don Park Ce		Balto REC'D BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNATU	RE
VR A15 (4) 20 M 1/66	8		G.Truman Schwab	3512 Fr	ederick A	Ave, Balto.	Md. DAT	MAY 8' 19	161 Ac	corres of	9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

8				DIVISION O	F VITAL RE	CORDS, 301 W. PRESTO	N STREET, BALTIM	ORE, MARYL	AND 21201		
. ((M		06264			CERTIFICATE	OF DEATH			0625	4
er deoth	200	1. [LACE OF DEATH . COUNTY Baltimore			MARYLAND	2. USUAL RESIDENCE o. STATE Maryland			on: Residence bef TY Limore	ore odmission)
within 24 hours after d	urs affe	l	CITY OR TOWN (If outside write RURAL and give new Baltimore	corporote limits, prest town)		c. LENGTH OF STAY IN 16 7 days	c. CITY OR TOWN (If o	utside corporate			est town)
24 hor	9572ho	(, NAME OF HOSPITAL OR IN:			re street address)	d. STREET ADDRESS 7524 Be		ad		e IS RESIDENCE ON A FARM? YES NO X
- E ±#	三	2 1	IAME OF	First		Middle	Lost	4. DATE	Month	0	
cecuted with	N N	(FCEASED Type or print)	J05	SEPH	FRANK	FAULSTICH	OF DEATH	Ma	y 16	17
comp	any eve	5. 5		R OR RACE	7. MARRIED X		B. DATE OF BIRTH 3/20/16		AGE (In years lost birthday) 51 yrs.	Months Doys	
icate be ex	nd in al	10o. duri	USUAL OCCUPATION (Give kir ig most of working life, even Technician	d of work done if retired)	10b. KIND INDE Mari	o of Business or USTRY time Adminis.	11. BIRTHPLACE (County Baltimo			12. CITIZEN COUNTRY	OF WHAT
ical	<u> </u>		FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
certificate b	mova		Henry Faul	stich			Steidle	Car	oline		
e deoth cer	permit.	15. (Ye	WAS DECEASED EVER IN U.S. A , no, or unknown) (If yes giv NO	ARMED FORCES? We wor or dates of	service	OCIAL SECURITY NO. 17. 17. 17.	INFORMANT Patient	's Char	Addre:	SS	
# # # # # # # # # # # # # # # # # # #	burial, cremotion, or removal, and in any every		18. CAUSE OF DEATH (Ent PART 1. DEATH WAS C	er only one cous AUSED BY: MEDIATE CAUSE (c DUE T	Card	iorespiratory				11	NTERVAL BETWEEN DISET AND DEATH Z days
OR ATTENDING PHYSICIAN: The law requires the be retoined by the hospital or ottending physicion.			Conditions, if ony, which g rise to immediate couse stating the underlying co last.	use DUE T		riosclerotic	cardiovascu	lar dis	sease		
: The lay or ottend	Health priar to	ATION	-			DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(a)	11	9. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: 1 ne hospital or his certificate	of He	AL CERTIFICATION	200. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH EXAMINER)		RIBE HOW INJURY OCCURRED.					
NG PHY y the h er this	ate Dep	MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	19	While of work	Not While of work	CE OF INJURY (Home, for tary, street, office bldg., etc		(City or town)	(County)	(Stote)
ATTENDING etoined by the	ould by		saw the deceased	, , ,	ital) attende 5/1	ed the deceased from 6 19 <u>67</u> , and tha	5/9/ t death occurred a	19 <u>67</u> , to 1 9:27A M,	5/16 from couses of	and an the de	
HOSPITAL OR ATTEN 1996 4 moy be retoined FUNERAL DIRECTOR:	should be filed with the State Dept. of		220. SIGNATURE	w Z	. 6	clan M.		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	16,1967
TO HOSPITAL Poge 4 moy E	d be fil		22c. PHYSICIAN'S NAME (Type)	18141	Vegrete	ADAMS			ore Med		
HOS Poge 4	shoul	230	BURIAL, CREMATION,	23b. DATE THER		23c. NAME OF CEMETERY OR Parkwood Ce			TION (City or Tov	enue Be	alto Md.
5 5	04	24	CLINICIAL DIDECTOR		-/	ADDRESS			o Joh Der		

REGISTRAR'S SIGNATURE DIPPEL BROS INC 7110 BELAIR ROAD DAMAY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

c. LENGTH OF STAY IN 1b

06265

Baltimore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Riverview

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

1. PLACE OF DEATH

o. COUNTY

CERTIFICATE OF DEATH

OF	DEATH			6				05	255	
2. USU	AL RESIDENCE	(Where	deceosed	lived,	if	institution:	Residence	before	odmission)	

Baltimore

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

Riverview

d. STREET ADDRESS

ond in any event, within 72 hours after COL remove The law requires that the death certificate or removol, buriol, cremotion, signed by the buriol-transit attending TO FUNERAL VR A15 (4) 25M 1/67

DIRECTOR: After this certificate hos been ge 3 should be detached for use os the iled with the State Dept. of Heolth prior to director, page 3 should should be filed with the

e IS RESIDENCE ON A FARM? 914 Winsap Court, Riverview, Md. 21227 NO I 914 Winsap Court 3. NAME OF Middle 4 DATE Month Year DECEASED Faulstich William. J. May 12 (Type or print) DEATH 1967 B. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Hours Male 4/16/92 White WIDOWFD DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Retired Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Faulstich Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO No 213-05-5091 914 Winsan Court Mrs. Herma C. Parsons 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd INILIRY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While 19 67, to May 12, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram an. and that death accurred at 800AM, from causes and an the date stated above. saw the deceased alive an m 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR 22d. ADDRESS 23b. DATE THEREOF 23o, BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/15/67 New Cathedral Cemetery Baltimore, Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave.

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			and the second second

FOR STATE HEALTH DEPT.

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the State Department 2 nows after death cessary, are funeral 5 may be DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within

MADVIAND STATE DEDADTMENT OF UFAITH

	IMARI	THIND STATE DI	CLAKINICIAI OL	REALIR	
Division of ST	ATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
06266	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	06256

1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDEN a. STATE 820	CE (Where deceased lived, If institution: Delnord b. Ave 2	Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sparrows Point	c. CITY OR TOWN (I	foutside corporate limits, writa RUR/	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Bethlehem Steel Hospital	Sparrows	s Point Md	ON A FARM? YES NO X
3. NAME OF First Middle DECEASED (Type or print) Leo B Filipiak	Lest	4. DATE Month OF DEATH May 6	Day Year 1967 19
7. MARKIED A WEVER MARKIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) Months	R 1 YEAR FUNDER 24 HRS
M/W White WIDOWED DIVORCED	9 22 10	56 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roll Shop Helper Steel			CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAI	DEN NAME	
Stefan	Joseph	ine Benger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT	Address	
	rs. Florence	e Filipiak	same
18. CAUSE OF DEATH [Enter only one cause per fin for (a), (b), end (c).]	0.0		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	Oleli	isin	5,002,1,000
H201 DUE TO 1	Dic.	100	
Conditions, If any, which geve rise to Immediate	DISE	MS C	
causa (a), stating tha DUE TO			
undarlying causa last. (c)	TEN TO THE TENNING	DIAGRAC CONDITION CIVEN IN BACT 1/2	a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE L			YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JRRED. (Enterhature o	of injury in Part I or Part II of Item 1	18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELVED TO SERVE HOW INJURY OCCURRED PRIMARY OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY OF COUNTRIBUTING COURSE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLE HOW IS.M. P.m. 19 STATE OF NOT WHILE AT WORK AT WOR	CE OF INJURY (Home, f ory, street, office bldg.,		ounty) (State)
21. I certify that I took charge of the remains described above, he	ld an Autopsy ,	Inspection Inquiry	and in my opinion
death resulted from: Natural causes , Accident , Su	icide , Homic		r 🗆
ACTUAL AC		EDICAL EXAMINER	5 22 DATE SIGNED
SIGNATURE		CAL EXAMINER	7 0167
EXAMINER'S NAME (Type)	Address (Stre	the tower courter ha	- LIM
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) Burial 5 11 67 St. Stanisl		Baltimore Ma	ryland (State)
24. FUNERAL DIRECTOR ADDRESS	25a. RI	EC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
Raymond L. Kaczorowski 2525 Fleet St.	DAMA	1 15 1967 yellary	les Judge
11/4			

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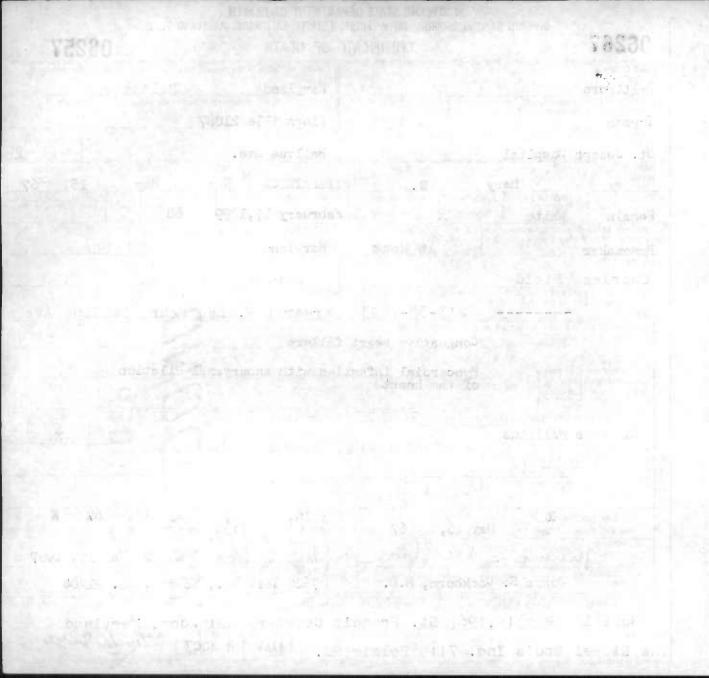
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06257 Residence before odmission)

	CERTIFICATE	OI DEATH		U	0401
		2. USUAL RESIDENCE	(Where deceosed lived,	if institution: Residen	ce before odmission)
	MA DVI AND	g. STATE	T	b. COUNTY	
			utside cornorate limits	write RURAL and give	neorest town)
nd give nearest tawn)				Wille Kokee one give	
ITAL OD INCTITUTION /If+ :-	l o days		e 21007		L a IS DESIDEN
	nospiroi, give street oddress)				e IS RESIDEN
ph Hospital					YES NO
St. Joseph Hospital 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Widdle Female White Widowed Wido			Month	Doy Year	
Mary	G. F	ITZPATRICK	DEATH	May	16, 19 6
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 Doys Hours
White V	WIDOWED DIVORCED	February 17	,1899 "6	8 yrs.	Doys Hours
ON (Give kind of work done		11. BIRTHPLACE (Count	y & Stote, or foreign count	try) 12. CIT	IZEN OF WHAT
	INDUSTRY HOME	Many and			UNTRY?
F	Ao Home		NAME		
a Diold				ad ala	
	14 COCIAL SECURITY NO. 17		ret Pari		
(If yes give wor or dotes of set	rvice)				
		Margaret	F. Langre	ehr Bel	lvue Ave
DEATH (Enter only one couse p					INTERVAL BETWE
IMMEDIATE CAUSE (o).	Congestive heart	failure			ONSET AND DEA
y, which gove) (b)	Myocardial infart	ion with an	eurysmal d	ilation	
	of the heart				
) (c)					
SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPS PERFORMED?
es mellitus					YES X NO
AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of iter	m 18.)	
G CAUSE OF DEATH		,	44		
	20d INTURY OCCURRED 20g PL	ACE OF INIURY (Home for	m 20f (City or	town) (Cou	unty) (Sto
ı.m.	ton it. Mark ton it. for			(600	(510
2.116.		W 7.0	10 (5)	76 10	Zm., 30.
ity that (this haspita	attended the deceased fram_	May 10,	14 07 , ta 148	y 10, 19 1	or, that (A) (we
Jeceased alive anP	TRY TO 1907, and the	ii dedin accurred d	1 31 31 W, tram		
11				72b. D/	ATE SIGNED
1,0,0	Circh Bres.	ATTENDING	MED. STA	AFF DE MASS	77 7047
Juano S	: Evel Burn M.		MED. DIRECTOR PH	YS. May	17, 1967
Juana S		22d. ADDRESS			
Juana S. G	Cockburn, M.D.	22d. ADDRESS 7620 Yor	k Rd., Tow	son, Md.	21204
Juana S. C	Cockburn, M.D. 25. NAME OF CEMETERY OR	22d, ADDRESS 7620 Yor	k Rd., Tow	son, Md.	2 1204 (County) (Stot
Juana S. Company 19, May 19,	Cockburn, M.D. 23c. NAME OF CEMETERY OR 1967 St. Franci	22d. ADDRESS 7620 Yor CREMATORY 8 Cemeter	k Rd., Tow	son, Md.	21204 (County) (Stot
Juana S. Company 19, 100, 100, 100, 100, 100, 100, 100,	Cockburn, M.D. 25. NAME OF CEMETERY OR	7620 Yor CREMATORY 8 Cemeter 250, REC	k Rd., Tow 23d. LOCATION (C	son, Md.	21204 (County) (Stot
	(If outside corporate limits, and give nearest tawn) PITAL OR INSTITUTION (If not in poly the spital first mary) 6. COLOR OR RACE 7. White ON (Give kind of work done aglife, even if refired) PER IN U.S. ARMED FORCES? (If yes give wor or dotes of ser in membrane CAUSE (a). DEATH (Enter only one couse poly in membrane CAUSE (b). DUE TO DUE TO (c). SIGNIFICANT CONDITIONS CONTITUDE CONTITUD	(If outside corporote limits, and give nearest town) (If outside corporote limits, and give nearest town) (ITAL OR INSTITUTION (If not in hospitol, give street oddress) (ITAL OR INSTITUTION (ITAL OR INTEREST OR INTEREST OR INDUSTRY (ITAL OR INSTITUTION (ITAL OR INTEREST OR INTEREST OR INDUSTRY (ITAL OR INSTITUTION (ITAL OR INTEREST OR INDUSTRY (ITAL OR INSTITUTION (ITAL OR INTEREST) (ITAL OR INSTITUTION (ITAL	Compestive heart failure Compestive heart failure Compestive heart Compestive hea	Composition Composition	County C

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 25M 1/67



Howard K. McComas & Son, Abingdon, Md. 21009

Items 18-21 Film 389 6-12MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 6M 1/67

REMOVAL (Specify)

Vaughan, Guynn, McGradey F Hillsville Carroll DATE

BALLIMORE

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY

Months

IS RESIDENCE

ON A FARM?

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(State)

Md

noinigo ym ni bno

22. DATE SIGNED

(State)

May 21, 1967

(County)

YES X

(County)

Baltimore

NO T

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Effect The applying Mr. and C. ampolicit. at Entry Co.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE 21213 b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3444 Belair Road YES NOX NAME OF 4. DATE Day Year DECEASED 1967 DEATH / IF LINDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED 62 yrs 12/4/04 Manths Days Hours DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY National Stationery ry Baltimore, Md
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Oliver Ford Fannie 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service William Ford, Brother, above INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate couse (o). DUF TO stating the underlying couse last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INIURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram. , 1967 ta 1967, and that death accurred at 3 8 M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d. ADDRESS NAME (Type) CESAR VALLE CAVE 2629 LI 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) Baltimore. Md. Baltimore Cemetery 5/27/67 Schimunek Funeral Home, The. 3331 Brehms Lane DATE

executed within 24 hours ofter completely filled in by the flowe corbon popers. Poges remove requires that the death certificate be please removal, ottending phys 0 cremotion, signed by the buriol-tronsit i buriol, cremoti physician. offending os the has been detached for use te Dept. of Health the hospital or this certificate O FUNERAL DIRECTOR: After p Р be retoined director, poge 3 should be filed v

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March 19. VI. A	properties . Protection	Propri tlati 5 Yokusko	
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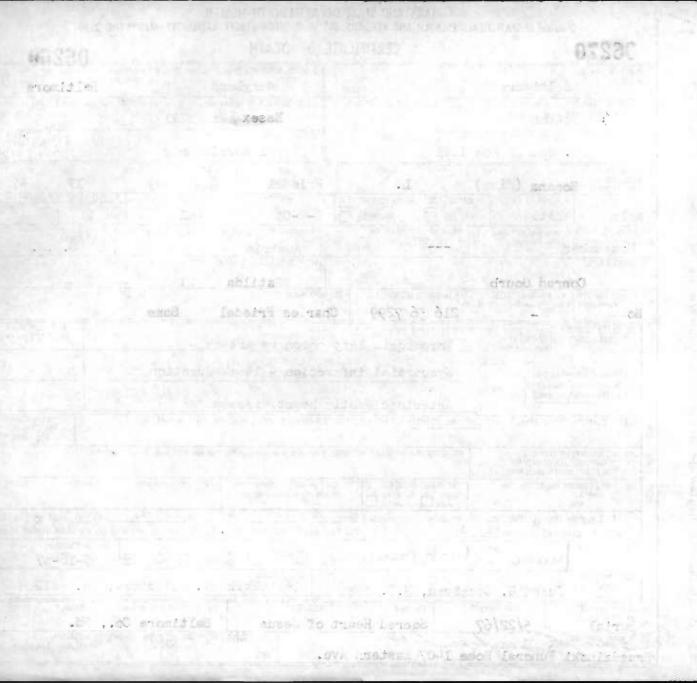
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06270 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY g. COUNTY Baltimore Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits. write RURAL and give negrest town) Essex and 21221 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital 701 Norris Lane YES NO 3. NAME OF Middle 4. DATE Month First Lost Doy Year OF DECEASED Romana (Mina) 1967 Friedel 17 L. May (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** 6 ast birthday) Months Days Haurs Female White 9-9-05 WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A. during most of working life, even if retired)
Homemaker INDUSTRY Austria 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Conrad Gourb Matilda 16. SOCIAL SECURITY NO. 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 216 Charles Friedel Same INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Thrombosis left coronary artery IMMEDIATE CAUSE (a) DUE TO Myocardial infarction - lweek duration Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause Arteriosclerotic heart disease last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur o.m. Not While at wark at wark to May 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an May 19 67, and that death accurred at 6.45 BM from causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE 5-18-67 DIRECTOR PHYS ADDRESS 22c. PHYSICIAN'S 7620 York Rd. Baltimore, Md. NAME (Type) 21204 Juana S. Cockburn, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) REMOVAL (Specify) Sacred Heart of Jesus Baltimore Co., Md. 196766. REGISTRAR'S SIGNATURE 24. Home 1407 Eastern Ave. Funeral DATE

24 haurs after death. papers. Pag hin 72 haurs in by event within 72 filled be executed within completely fi and in any and g physician a The law requires that the death certificate removal attending phy permit. Then permit. crematian, ar the signed by the burial-transit burial, cremati physician. O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending has been as the for use Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us ATTENDING PHYSICIAN: af State Dept. 3 should with the S director, page 3 VR A15

20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF STATISTICAL RESEARCH AND RECORDS AND RECORD AND RECORDS
OCC 11	E OI BEATTI
1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE b. COUNTY
Baltimore MARYLAND	Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson 21204 1 week	Baltimore, MANAIMN
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 940 OLMSTEAD ROAD 8. IS RESIDENCE ON A FARM?
Dulaney Towson Nursing Home	MOZNAMANAMANAMANAMAN YES NO X
3. NAME OF First Middle TOSE PH	Last 4. DATE Month Day Year
(Type or print)	Frohsin DEATH May 4 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year's IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
male white WIDOWED X DIVORCED	ADCHOGREDEROCK 64 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesman MFG, REPRESENTATI	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel FROLSIN	Lowella Snellenberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT AddressBaltimore, 21204
no UNKNOWN D	ulaney Towson Nursing Home, 111 West Road
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	brain Interval Between
PART I. DEATH WAS CAUSED BY: Quesalized M.	llanoue with metastasis lo rues
1909 DUE TO 1	
Conditions, If any, which) (b) Melauorue	2 Gyrs
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
ICAI	YES NO C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f, (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor at work at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
E p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	, 1950, to May 4, 1967, that (1) (we) last
	at death occurred at 12 M, from the causes and on the date stated above.
22a. SICNATURE	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS. DIV 9/4/0/
NAME (Type) JONAS H. COHEN	GTOY Park Heights the, BALTO. Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL SPECTION SATISFACE INCOME PARK	CREMATORY FREDERICK AVENUE
24. FOR CONFECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Lat Journain Bros 7	DATE AN 1 1 1967 Milanes Judges
	1

Carolina de la companión de la LOUD CONTRACTOR OF LOUD OF LOUR CO. the first and an include the second of the second of the second A STATE OF S Son es . He Council I was live stood to be the

TATEL OF THE PARTY
DESTS Street Editor puncture de la difference 48c 20 --- 31 bursky till at the the season the season to the season the season the season to the season to the season the season to the seaso The state of the s care modecife a statemic . San in -CI-15 of the san Tanger of Jones 1 Continues of the Conti the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with Health prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/67

This certificate should be executed within 24 haurs after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

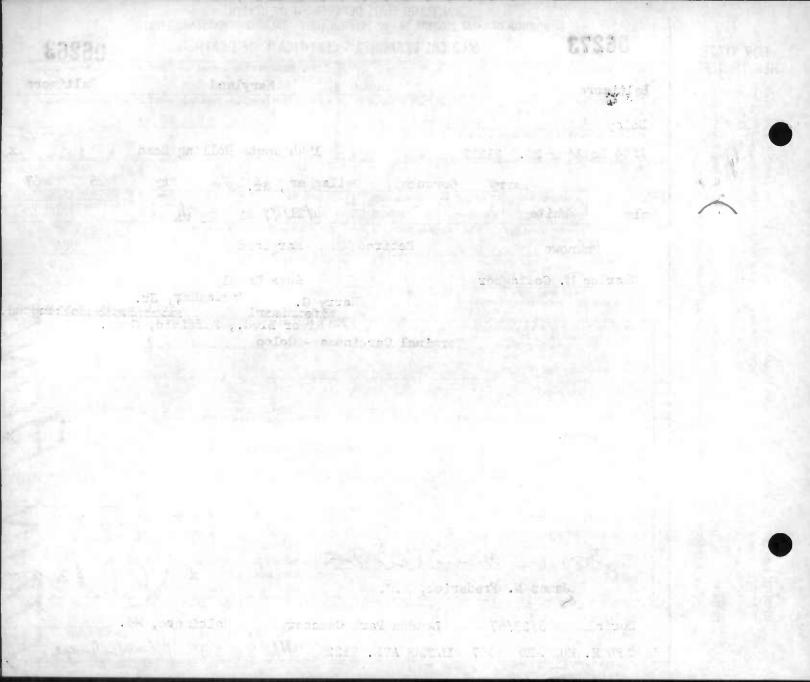
DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

273	MEDICAL	EXAMINER'S	CERTIFICATE	OF
				_

06263

PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore							
Baltimo	re (If autside carporate limits		MARYL									
write RURAL o	and give nearest tawn)	'	C. LENGTH OF STATE IN		c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town)							
Relay	PITAL OR INSTITUTION (If no	A in housiant	in the state of the state of		d. STREET ADDRESS		0	e. IS RESIDENCE				
			give street address)	-				ON A FARM?				
	olling Rd.					uth Rolling Ros		YES NO X				
3. NAME OF DECEASED	Fir		Middle		Lost	O.E.	nth	Day Year				
(Type or print)	Harı	- W	Jorsuch		Lagher, S	r DEATH May	26					
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH	9. AGE (In years last birthdoy)		EAR IF UNDER 24 HRS.				
Male	White	WIDOWED	DIVORCED		4/21/83	82 85 xx Yrs.	I I I I I I I I I I I I I I I I I I I	013 (10013 Mill).				
	ON (Give kind af wark dane		IND OF BUSINESS OR		11. BIRTHPLACE (S	itate ar foreign cauntry)	12. CITIZE	EN OF WHAT TRY? USA				
	ng life, even if retired) Inknown	"	Retire	ed	Maryl	and	0014	USA				
13. FATHER'S NAME					14. MOTHER'S MAID	DEN NAME						
Charle	es M. Gallag	her			Anna	Handly						
IS WAS DECEASED E	VER IN ILS ARMED FORCESS	16	SOCIAL SECURITY NO.	17. IN	EODM ANT	Ada	iress					
(Yes, na, arunknawn	(If yes give war ar dates o	f service)		Har	ry G.	Gallagher, N rl xl52 lvd., Suffield,	L. Courte :	bikogodofos				
rise to immedi stating the und last.	ny, which gove ate cause (a), derlying cause	(b) TO	to death but not rela	KTED TO TH	ie terminal disease	CONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO 🛣				
20a. EXTERNAL PRIMARY ☐ ar C CAUSE OF DEATH	CAUSE WAS CONTRIBUTING			•		y in Part I or Part II af item IB.)						
Hour o	YJURY Manth, Day, Year a.m. p.m. 19	20d. I While at war	Nat While		OF INJURY (Home, y, street, affice bldg.,		(Caunty	γ) (State)				
21. I cert	ify that I took charge	of the rea	mains described abo	ove, held	an Autopsy	, Inspection 🛨 In	quiry,	ond in my opinian				
deoth resu	ulted fram: Natura	causes [Accident .	Suicio	le . Hamio	tide Undetermined	manner					
		1 -	00	7	CHIEF MED	ICAL EXAMINER						
ACTUAL	amez	N. +	reclere	8-	M.D. ASSISTANT	MEDICAL EXAMINER		22. DATE SIGNED				
EXAMINER'S		-		31 (EDICAL EXAMINER		5/26/67				
NAME (Type)	the second control of		ick, M.D.			itreet, city, town, or county)		, , , ,				
23a. BURIAL, CREMA REMOVAL (Speci Buria	ify)		Loudon Pa			23d. LOCATION (City or Baltimore, REC'D BY REGISTRAR 2Sb.	,	ounty) (Stote)				
24. FUNERAL DIREC	TOR		ADDRESS			REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGN	NATURE				
HOWARD F	HIBBARD	4107 W	TIKENS AVE.	212	29 MARY	29 1967 100	carles Q	udal.				



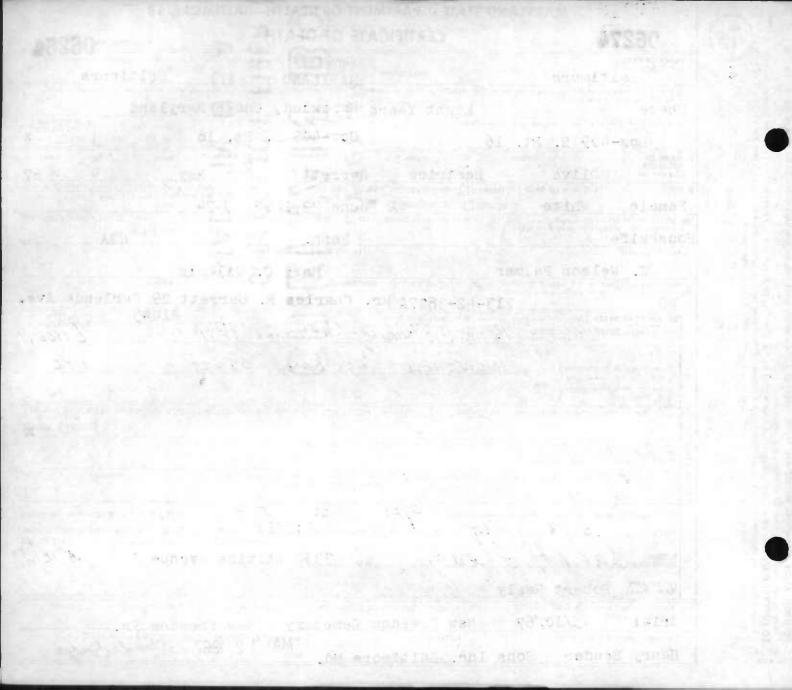
TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have refer death. Page 4 may be retained to haspital ar attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY Bal	timore		MARY	CLAND	2. USUAL RESIDENCE a. STATE MARYLAND	20	d lived. If instituti b. COUNTY	ian: Residence	before odmi	ssion)
b. CITY OR TOWN (I RURAL and give no Chase	f outside corporate lim earest tawn)	its, write	c. LENGTH OF STAY Eight Ye	IN 16	c. CITY OR TOWN	(If outside corpo	rate limits, write F	CUKAL and gi	ve nearest to	vn)
	AL (If not in hospital, a	- 1		201.0	d. STREET ADDRESS Box-409	S	16	Land	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Olive		Middle Beatrice		Garrett	4. DATE OF DEATH	May	nth	Day 9	Year 19 67
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRI		DATE OF BIRTH	892	9. AGE (In years lost birthday) 74 yrs.		YEAR IF UNI Days Hours	1
during most of work Housewife	DN (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS C				ountry)	12. CITIZ	EN OF WHAT	COUNTRY
J. Ne	elson Pal	men			14. MOTHER'S MAIDE		7 10 - 7			
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	Mr.	Mary FORMANT Charles			ress 9 Car	lenda	A 1/0
CATIC	the under DUE TO	DITIONS C		ATH BUT ?	RRCIL QH			VEN IN PART	PERF	AUTOPSI CORMED?
THE EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury	in Port I or Par	t II af item 18.)			
YOUR HOUR OF INJUR	Y Month, Day, Ye	ar 20d. It While of work	NJURY OCCURRED Not while	20e. PLA foct	CE OF INJURY (Home, 1 ory, street, office bldg.,	form, 20f. (City etc.)	ar tawn)	(Co	ounty)	(State
alive anACTUAL SIGNATURE	at I attended the	196		death	19 <i>66</i> , to accurred at 5		the causes ar			
220. BURIAL, CREMATIC BURIAL (Specify)	N, 22b. DATE THEREC	OF .	22c. NAME OF CEM				TION (City, tawn,		(St	ote)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	dom	Cemetery 240M		Freedo PAR 246. REGI	m Pa	NATURE	
Henry Sa	nder & So	ons	Inc. Balt	imo	ce Md. DATE	12	1901	Maries	Judg	د



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CERTIFICATE OF DEATH

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death speral and r deoth	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institute of a STATE b. CO
hours ofter n by the from s. Page.	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Tow Son AMRYLAND C. LENGTH OF STAY IN 1b 1 day	c. CITY OR TOWN (If outside corporate limits, write Baltimore
lled in togers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St.Josephs Hospital	d. STREET ADDRESS Putty Hill Road
withir etely fill or bon propon prop prop	3. NAME OF First Middle DECEASED (Type or print) ROBERT CORNELI	US GAY 4. DATE M OF DEATH MA
s executed within 24 and completely filled in remove corbon paper agy event, within 72	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	
ician ond	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY T.V.	11. BIRTHPLACE (County & State, or foreign country) Mary land
physic physic hen ple novol, o	13. FATHER'S NAME William Henry Gay	14. MOTHER'S MAIDEN NAME Nellie Dutrow
that the death certificate be executed within 24 ion. by the attending physician ond completely filled transit permit. Then please remove corbon pape cremation, or removal, any event, within 7.		17. INFORMANT Marie E. Gay, % W arr e n Lod
ICIAN: The low requires pitol or ottending physic rificote hos been signed of for use os the burial-of Heolth prior to buriol.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PROPRIED TO CONTRIBUTING TO DEATH BUT NOT RELATED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED OR CONTRIBUTING TO COURTED TO COURTED CONTRIBUTING TO DEATH BUT NOT RELATED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED While Not While TO 20e.	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ED. (Enter nature af injury in Part I ar Part II af item 18.)
VDING PHYSIC d by the hospit After this certil d be detoched e State Dept. of	21. I certify that (b) (this haspital) attended the deceased fran	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f. (City or town) 10 May 20 , 1967 to May
IIAL OR ATTENI moy be retained RAL DIRECTOR: / , poge 3 should be filed with the	saw the deceased alive an May 20 1967, and 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Manuel S. Cockburn, M.D.	m.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 7620 York Road, Tow
TO HOSPITAI Page 4 moy Reverse 4 moy Reverse 5 moy Reverse 6 moy Reverse 6 moy Reverse 7 moy Reverse	23a. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) BURIAL May 24, 1967 Parkwood C 24. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Towson, 1050 York Road Towson, Marylan	OR CREMATORY 23d. LOCATION (City or Parkville 25g. REC'D BY REGISTRAR 25b.

ESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore TOWN (It autside carparate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO K Year Day 19 67 20 IF UNDER 1 YEAR IF UNDER 24 HRS. Haurs 12. CITIZEN OF WHAT COUNTRY U.S.A. Gay, \$ Warren Lodge Ct. 21030 INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES K NO I

(Caunty)

(State)

20___, 19.67, ta May 20_, 19.67, that () (we) last curred at 5:25 M, from causes and an the date stated above.

(County)

22b. DATE SIGNED

MED.
DIRECTOR

May

Manths

20 York Road, Towson, Md. 21204 23d. LOCATION (City or Town)

(City ar tawn)

Parkville, Balto. Co., Md. 2Sb. REGISTRAR'S SIGNATURE

The State of the S THE RESERVE OF THE PARTY OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funecal director, page 3 should be detached for use as the burial-transit permit. Then please renove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HE	ALTH
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON ST CERTIFICATE OF DEATH	TREET, BALTIMORE 1. MARYLANI
96276	CERTIFICATE OF DEATH	05266

1.	PLACE OF DEATH, a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE (Congrand b. COUNTY Battimore)							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	lowson	Towson	n	02.1					
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
	29 Normal Terrace	29 No	ormal Terrace	ON A FARM? YES NO					
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year					
	(Tune or print)	ierman.	DEATH May 5	1967					
5.		B. DATE OF BIRTH	9. AGE (In years IF UNDER						
	Female White WIDOWED DIVORCED	Oct. 11. 18	895 Tast birthday) Months 7/ yrs.	Days Hours Min.					
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		County & State, or foreign country) 12. C	ITIZEN OF WHAT					
aur	Ing most of working life, even if retired)	A1 /) 11	OUNTRY?					
12	FATHER'S NAME	Parulas	rd. U	SA					
13.	0 0 0	14. MOTHER'S MAI							
	Owen J, Donovan	Mary L.	Miller						
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address						
(Ye	s, no, or unkown) (If yes give war or dates of service)		,						
	No None +	amily reco	rds						
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]			ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			5 DAYS					
	171								
	Conditions, If any, which) BICATERAL PLANT	a. France	·)	1 Vano					
	gave rise to immediate (b)	yse Corres	1700	1 1000					
	cause (a), stating the DUE TO	6		10 1/000					
	underlying cause last. (c) CARCINOMATOSIS	(HDENOCAPEC	INOMA OF BREMST)	10 TEMES					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?					
CA				YES NO T					
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury In Part I or Part II of Item 18	3.)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL		CE OF INJURY (Home, f	arm, 2Df. (City or town) (Co	unty) (State)					
ED	Wille Wille	y, street, office bldg.,	etc.)						
Σ	p.m. 19 at work at work	11 00	Mari	, , , , , , , , , , , , , , , , , , , ,					
	21. I certify that (I) (this hospital) attended the deceased from 10		1965 to 1984 5, 196	that (I) (we) last					
	saw the deceased alive on 197 5 1967, and that	death occurred at	M, from the causes and on t	the date stated above.					
	22a. SIGNATURE		/ 22b. D	DATE SIGNED					
	Dovold L. Joneville M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	5/7/17					
	22c. PHYSICIAN'S	22d. ADDRESS	DIRECTOR CT TITIS. CT	1.101					
	NAME (Type) DONALD G. SOMERVILLE, ONE	75. IN.P.	A.AVE. TOWSON,	MD 21204					
_ !									
23a	REMOVAL (Specify) 44 O 4000	or crematory etery	Towson, Maryland	unty) (State)					
24	FUNERAL DIRECTOR ADDRESS	25q., RE	C'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE					
	John Burns' Sons, Towson, Maruland	MA	1 1 0 1967 Jolians	en Judge					
_	John Burns' Sons, Towson, Maryland	DATE		0 0					

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Sons Guerra " Jenet, Carriero, and

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G389 CERTIFICATE OF DEATH 06277 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE a ryland o COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1918 East 31st. Street College Manor Nursing Home YES NO 3 NAME OF Middle 4 DATE Month Doy Year DECEASED W. 26 1967 DSON (Type or print) DEATH S. SEX 8. DATE OF BIRTH 6 / AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Female White June /211/1/888 WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Deal Island, Md. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Lazarus Wilson Annie Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6602 Elsrod Ave. 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service Baltimore, Md. Mrs. Laiverence Adams INTERVAL BETWEEN ONSET/AND/DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While 1965 21. I certify that (I) (this haspital) attended the deceased fram. 1967. and that death accurred at 10 38 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S FRITZ, M.D. UNIVERSITY PKWAY, 21218 NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 29/1967 Parkwood Cemeterv Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'O BY REGISTRAR

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After directar, shauld be VR A15 (4) 20 M 1/66

The law requires that the death certificate be executed within 24 haurs after death

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after

24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0026	8			CERTIFICA	IE OF D	EATH				UO:	CUB		
1.	PLACE DE DEAT					a. STATE			sed lived, If ins b. COUN		esidence	before a	dmission	
	DALTIM		da	A 12 14 .	MARYLAND		MARY			DH	NIC),		
	b. CITY OR TOW Write RURAL	and give	de corpora	te limits,	c. LENGTH OF STAY IN 1	c. CITY OR			orate limits, wr	ite RURAL	and giv	e neares	st town	
	BALTI	MOKE			18 Days		Lans	down	•	,	13-1	/		
	d. NAME OF HO	SPITAL OR	INSTITUTIO	ON (if not in h	ospital, give street eddres	s) d. STREET A	OORESS 4	13	4 thans	nue-	0	. IS RES		
C	RENTER I	BALTO	MED.	CENT	er	120	4		-		Y	ES 🗍	NO	
3.	NAME DF		Fi	rst	Middle	Last	4.		Month)	Day	Yea		
	DECEASED (Type or print)	SI	AMUE	1	CARE	GILE	55	DF DEATH	5		1	19	67	
5.	SEX		OR RACE		NEVER MARRIED	8. DATE OF B		9.	ACE (In years	IF UNDER		IF UNDER	24 HRS	
m	ALE	CA	10.	WIDDWED		9/17/9	10	1	last birthday) yrs.	Months	Days	Hours	Min.	
10a	USUAL OCCUPAT	ION (Give k	Ind of work	done 1Db. K	IND DF BUSINESS OR	11. BIRTHP	LACE (County	& State, o	foreign country) 12. CI	TIZEN (OF WHAT		
our (ar Bui	Ing life, ev	en it retire	Bet	h. Steel	Bu	T	nare	0-0	CO	UNTRY	1.54	۵.	
-	PAINCE S NAME			DO C	TI. DOGET	14. MOTHER		-				4. G F	47	
	GEBRG	E G	LES			<	Hock	BP						
15.	WAS DECEASED	EVER IN U.S	. ARMED FD	RCES? 16.	SOCIAL SECURITY NO. 17	7. INFORMANT	HOEK	2	Addres	is				
Ye	s, no, or unknown)	(If yes give	war or dates o	f service)	3-69-23644	PY	11							
u	19 CAUCE DE	DEATH CE-	tos only			m-	#15	Toes	1		INTER	NAL DE	DAVEEN	
				-	ine for (a), (b), and (c).]	1 6	1.1				ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: UNSET AND DEATH IMMEDIATE CAUSE (a) Cardio-respiratory failure												
	163X		DUE	TO 1	. ,	U	1							
	Conditions, If			(b) mas	ssive outh	non any	Tem	ovrt	uge					
	gave rise to cause (a), si		1 0110	TO O		U 1	1		•					
_	underlying caus)	(c) C	ircinima	· ot	lung	1						
CERTIFICATION	PART II. OTHER S	SICNIFICAN	TCDNDITIO	ONS CONTRIBU	JTING TO DEATH BUT NOT RE	LATED TO THE TE	RMINALDIS	ASECOND	ITION CIVEN IN	PART 1(a)	19.	WAS AU		
ICAT											YES		ND 🖂	
TIF	20a. ACCIDENT	WAS UNDE	RLYING	20b. I	DESCRIBE HOW INJURY OC	CURRED. (Enter r	nature of Inju	ury In Par	t I or Part II o	f Item 18.)			
CER	OR CONTRIBUTI	TIFY MEDI	SE DE DEA	NER)										
	20c. TIME OF	INJURY M	onth, Day,	Year 20d. I	NJURY OCCURRED 20e. P	LACE OF INJURY	(Home, farm.	20f. (C	ity or town)	(Cou	nty)	(5	State)	
MEDICAL	Hour e.r	n.		While	Not While fac	ctory, street, office	ebidg., etc.)							
Σ	p.i		19	at work		Lax!	4	7	No CIA	10 6	1.	. 1 (1) (-1.1-	
				oital) attendo	ed the deceased from_	Horili	7 , 19 6	, tD	may	, 19		at (I) (v		
	saw the dec		ive on	1	19 6 and th	nat death occur	red at	AM, Tron	i the causes		ne date		above	
	D SIGNATURE	de	k N	V	1 4.	ATTENDING			STAFF W	220. 01	- / -	17		
	22c. PHYSICIA	N'S	7	1/6	TMULL I	A.D. PHYS.		CTOR	PHYS.	3		6		
	NAME (T)					ZZU. ADU	WE22		1.			1		
224	Didnist open	IATIDAL L	Oh DATE	FUEDECE	LOGO NAME OF OFFICE	DV OD ODERLAND	nv 1	224 100	ATION (Older A	Will ar acti	m fact	104	oto)	
23a.	REMOVAL (Spe		3b. DATE 1	MEKEUF	23c. NAME OF CEMETE			_	ATION (City, to		n(y)	(St	ate)	
0.6	Burial	CTOD	5/3/6	7	Meadowrid		Pk.			d.	01011	THE		
24.			1310 -		ADDRESS		25a. REC'D		RAR 25b. RI					
	JOHN F.	DENI	AX' T	nc.	715 Light S	t. c	DATE MAY	3	1967 7	Clear	CBO)	nog	-	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

3	CERTIFICA	TE OF DEATH	063	269
	MARYLAND			esidence before odmission)
(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	II '		nd give neorest town)
		d. STREET ADDRESS	sant Plains Rd. 2	e. IS RESIDENCE ON A FARM? YES NO
First CHARLE	Middle CS L	GLODEK	4. DATE Month OF DEATH MAY	14 Year 19 67
1 mr Trous	L.	8. DATE OF BIRTH 12-24-18	9. AGE (In years IF L lost birthday) Mor	INDER I YEAR IF UNDER 24 H nths Doys Hours Mi
ON (Give kind of work done ig life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	Baltimo	ore	12. CITIZEN OF WHAT COUNTRY?
tine Glodek		14. MOTHER'S MAIDEN	NAME ella Jakoubowski	
VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of ser			Address Lan - same	
MAS CAUSED BY: IMMEDIATE CAUSE (o) - DUE TO ny, which gove ote couse (o),	Uremia	failure		INTERVAL BETWEEN ONSET AND DEATH
				19 WAS AUTOPSY PERFORMED? YES NO
IG CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
o.m.	20d. INJURY OCCURRED While Not While at work 20e.	foctory, street, office bldg., etc.)	(County) (Stote
deceased alive an 5-	ol) attended the deceased from 1967, and	that death accurred at	1:40A M, fram causes and	
Efreni L.	Reyca	M.D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS. bc 2	2b. DATE SIGNED 5-14-67
Efraim L. Re		7620 York		e, Md. 21204
(Y) 5-17-6	7 Holy Rosa	ry Cemetery	23d. LOCATION (City or Town) Baltimore,	(County) (State) Maryland.
TOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTR	
	Galtimore (If outside corporate limits, and give nearest town) PITAL OR INSTITUTION (If not in ph Hospital, First CHARLE 6. COLOR OR RACE WHITE ON (Give kind of work done and life, even if retired) Cer Thine Glodek VER IN U.S. ARMED FORCES? (If yes give wor or dotes of see the couse (o), derlying couse of couse (o), derlying couse (o),	CHARLES CHA	2. USUAL RESIDENCE (0. STATE Mary 0. STATE Mary 1. CHY OR TOWN (If our state of proper state of the state of	2. USUAL RESIDENCE (Where deceosed lived, if institution: ROSTATE Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06280

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06270

LOK 2	TAIL			MEDICAL EXAMINER 5	CERTIFICATE OF BEATTI	UG410
HEALTH	DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived	l, if institution: Residence before odmission)
도 교 교	40	0	Baltimore	MARYLAND	o. STATE Md.	b. COUNTY Baltimore
5 m 5	-tue	ŀ	o. CITY OR TOWN (If outside corporate limits,		c. CITY OR TOWN (If outside corporate limit	
and M3.	State Department		write RURAL and give nearest town) Baltimore 15.1d.	12 yrs.	Baltimore, Md. 2	
2, 2,	600	(I. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
es 1, farm	9 00		4150 Fallstaff Rd.,	Baltimore.Mi.	4150 Fallstaff Rd.	YES NO Z
		3. 1	NAME OF Firs		Lost 4. DATE	Month Doy Year
Give F	the		DECEASED Type or print) Francesc	0	Glorioso OF DEATH 1	fay 12, 19 67
Gi	with the	5. 5	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Dirthdoy) Months Doys Hours Min.
haurs after death Item 18. Give Pag Office along with	ges land with		Male White	WIDOWED DIVORCED S	ept. 29,1891 75	Yrs.
hau tem Office	land?		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
	ifter		Carpenter	Retired	Italy	11. 8.0.
nin	pages urs afte	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
within pencil kamine	hou		Rosario Glorio	050	Rosaria Saia	
ed in	t. F	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of	(carvira)	INFORMANT	Redistorstown , Md.
executed nding" ir Medical	permit. within 72	1.0	No None	212-36-0069 Mr	. Joseph Glorioso, 1]	7 Chestnut Hill Lane
d be executed within 24 d "pending" in pencil in Chief Medical Examiner's	burial-transit permit. File pag 1 any event within 72 hours		18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (400	arting Disease	INTERVAL BETWEEN ONSET AND DEATH
ward ward	y ev		420/ DUE	TO		
sho who to the the	any		rise to immediate couse (a)	(b)		
	.=		stoting the underlying couse DUE	10		
ertifica writing warded	and and		lost.	(c)		ART 1(a) 19. WAS AUTOPSY
0 =	remaval,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P.	PERFORMED? YES NO
ER: This certificate, auld be fo	-	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.		(Enter noture of injury in Port I or Port II of i	tem 18.)
AMINE e the c e 4 sha	yaur files. Page 3 shaule cremation, ar	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. PLA While Not While fact of work of work	tory, street, office bldg., etc.)	ar town) (County) (Stote)
EX Sag	Inn 8.0		21. I certify that I taak charge	af the remains described above, he		, Inquiry X, and in my opinio
Se exector.	ECTOR burial,		death resulted fram: Natura			mined manner
ME olea dire	DIR DIR T ta		SIGNATURE 8 2 Say	ales-	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Ssary, Fruneral	RAL C		EXAMINER'S		DEPUTY MEDICAL EXAMINER	5/10/1
DEPUTY cessary, funera	FUNERAL FUNERAL ealth prigi		NAME (Type) D. D. C	APLES	Address (Street, city, town, or cour	ity) 3/18/6
D D D	5 may 0 FUNE Health	230	BURIAL, CREMATION, 23b. DATE THE			(City ar Town) (County) (State)
<u> </u>	2		REMOVAL (Specify) Burial May 16	5,1967 Druid Ridge		esville, Baltio., Md.
VR A	15ME (5)	24	FUNERAL DIRECTOR	ADDRESS ADDRESS A AND AND AND AND AND AND AND AND AND A	5MAY 17 1967	25h REGISTRAR'S SIGNATURE
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
06281	CERTIFICATE OF DEATH	06271

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a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
DALTIMORE MARYLAND	a. STATE ARULIAND B. COUNTY
b. CITY OR JOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest tow
TOWSON 5 DAVS	DALITIMORE 30.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE DN A FARM?
GREATER BATTIMORE MEdiCAL CENTER	320 2. NODINSON DI, YES NOD
3. NAME OF DECEASED (Type or print) HeleN E. Middle	EDECT OF Month Day Year OF T 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. /DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI last birthday) Months Deys Hours Mir
CAU WIDOWED DIVORCED	2-21-08 59 yrs.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, gren if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housexite	16 KNOWN Maryland USF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Frances
JAMES LUCZYOWSKI	CROWSEA+ Groslop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
None None	PATIENTS CHARL
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UMOCON CIO	infarction 15 min
H201 DUE TO ATT. O. I	0 0 0 1 10
Cenditions, If eny, which (b)	La Cardiovascular dinase suur
cause (a), stating the underlying cause last.	mistant punicions amnia years
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY NOT BY NOT RELATED BY NOT BY	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of injury in Pert I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	5-7 1967 to 5-7 , 1967, that (1) (we) la
saw the deceased alive on 5-7 1967, and that	death occurred at M. from the causes and on the date stated about
22a. SICNATURE	22b. DATE SIGNED
Mepalonon, M. J. M.C	D. PHYS. DIRECTOR PHYS. PHYS.
PHYSICIAN'S NAME (Type) VIVIEW R. BATOYON	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, toyon your gently) (State)
Burial 5/11/67 Holy Redeen	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
M.F.SADOWSKI & SONS, 1808 EASTERN AV	DISTING O 1007 Migrally Judge

VR A15 (4) 20M 1/65

personalis infavoluer 15 mins A Ourgo derolle Herdronsenlan diene sums with concernitions printing making the 2-8-51

Upparanon, Mr. D. Willen & BATOYON

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IM Part of Carp. Dear of Tobacca . 1.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		9628Z		CERTIFI	CATE	OF DEATH		0	6278
	1. 1	o. COUNTY Of Clerk	core Coe	cuting See HARY	AND AND	A STATE	Where deceosed lived, if institution b. COUNT	on: Residence bef	_ ~
	ŀ	b. CITY OR TOWN (If outside	corporote limits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	tside corporate limits, write RURA	AL ond give neor	est town)
	Ru	write RURAL and give ne	nore, Md.	2 days		Annapoli	S	11.7	
				hospitol, give street oddress)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
5	I	Baltimore Con	inty Gener	ral Hospital		60 Southga	te Ave.		YES NO S
		NAME OF DECEASED (Type or print)	First Jeanette	Middle C. Go	odma	Lost	4. DATE Month OF DEATH 5	12	oy Year 19 67
	S. :	SEX 6. COLO	OR OR RACE 7. I	MARRIED NEVER MARRIED	8	DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR	
	1	Female Wh:	Lte W	VIDOWED DIVORCED		4/6/87	80 yrs.	Months Doys	Hours Min.
		. USUAL OCCUPATION (Give kir		10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN	
		ing most of working life, even Broker	ir retired)	Insurance		Baltimore,	Md.	COUNTRY	
		FATHER'S NAME	A FIRST F			14. MOTHER'S MAIDEN	NAME		
		Louis	Isaacoon	I sac sohn		Jillian Forma	m		
	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.		FORMANT	Addres	S	
	(Ye	s, no, or unknown) (If yes gi	ve wor or dotes of sen	vice) 2/3-34-2783-	Mis	s Hilda Goo	dman Annapo	lis, Md	
		PART I. DEATH WAS ON IM Conditions, if ony, which grise to immediate couse stating the underlying colost.	DUE TO OVE (o), DUE TO	Ventralar -	tocky	gardin & derete I	Librelation Last Shorme	4	Chos .
2	CATION			IBUTING TO DEATH BUT NOT RELAT				10	9. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERL OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	20b. DESCRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in	Port I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	th, Doy, Yeor	20d. INJURY OCCURRED While Not While of work of work		E OF INJURY (Home, form ry, street, office bldg., etc.)		(County)	(Stote)
	d	21. I certify that saw the deceased		1) attended the deceased fr		5-7/, death accurred at	9 37 to -13 7 M, fram causes of		that (I) (we) las ate stated abave
		220. SIGNATURE	hopet	John.	M.D	111131	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG	GNED 13-67 .
1		22c. PHYSICIAN'S NAME (Type)	WUELT.	A A. TOPA	sud	22d. ADDRESS	, DH		
		BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF	Market Street,			23d. tocation (City or Tow Annapolis, M	Id. A.A.	Md.
}		FUNERAL DIRECTOR EVERLEY E. Ho	pping, Ho	pping Funeral F	one	25a RRCV DATE	PHAREGISTRAS 67 256 PEG	SISTRAR'S SIGNAL	are ye

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and inequy event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral directar, page 3 shauld be detached far use os the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to buriol, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of VR A15 (4) 25M 1/67 MARYLAND STATE DEPARTMENT OF HEALTH

MARTLAND STATE DELARIMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

	00000						1115	113	
	PLACE OF DEATH				II CTATE	(Where deceosed lived, if institution		fore odmiss	ion)
	Ba	ltimore		MARYLAND	o. STATE Mary	rland b. COUN	Bolt	mor	_
	b. CITY OR TOWN (If outside corporate limits	,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RUR	AL ond give neo	rest town)	
	Fort	give negrest town)		77 days	Baltimor	e 7	0	3-1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, g	give street address)	d. STREET ADDRESS			e. IS RESI	DENCE
	Veterans	Administra	tion	Hospital	7117 Cha	umberlain Road		YES	NO 3
	NAME OF	Fir	st	Middle	Lost	4. DATE Month	1 D	loy Ye	100
	DECEASED (Type or print)	RALPH		MICHAEL	GOONER	DEATH May		13 19	67
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR		
	Male	White	WIDOWED	DIVORCED	2/15/25	19st birthdoy) 42 yrs.	Months Doy	s Hours	Min.
		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN		
auri	manager	lite, even it retired)	FT	DUSTRY Truck Moto	rs Milford	l, Dela.	U.S	.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	Willi	s Gooner							
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	NEORMANTAIDH M	1. Gooner-7117	Chamber	lain	Rd
(10	Yes	(If yes give wor or dotes o	22	1 12 47 78 Cli	nical Reds,	VA Hospital,	Fort Ho	ward.	Md.
		EATH (Enter only one cou	se per line for					NTERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) BRO	NCHOPNEUMONIA			W	ONSET AND	DEATH
MULTIPLE ARSCESSES, CHRONIC, LEFT PLEURAL C									
	Conditions, if ony	, which gove)		FT LOWER THORA				onths	1
	nse to immediat	rlying couse				VER AND MESENT			
	last.)		MPH NODES				- 11	
z	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	1	19. WAS AUT	
CERTIFICATION	Ent	ero-Cutaneo	us Fis	tula				YESWY	NO [
TE	20o. ACCIDENT WAS	S UNDERLYING		SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)		7.12	
E E		CAUSE OF DEATH MEDICAL EXAMINER)	000						
MEDICAL		JRY Month, Doy, Yeor			CE OF INJURY (Home, for		(County)		(Stote)
¥	Hour 'o.r	10	While at work		tory, street, office bldg., etc.	.)			
	21. I certi	fy that (4) (this has	oital) attend	ded the deceased fram	Feb. 25	19 67, to May 13	19 67	that X) ((we) lo
	saw the de	eceased alive an	May 13	19 <u>67</u> , and tha	t death accurred at	6 A. M, from causes of	and an the d	ate state	d abav
	220. SIGNATURE	711	0	2 1	ATTENDING	MED. STAFF	22b. DATE SI		
	(- LAKED	<u>U.</u>	Hopen, M.I	D. PHYS.	DIRECTOR PHYS.	5/13/	51	
	22c. PHYSICIAN'S NAME (Type)	ATTOMOGO	TOPE		22d. ADDRESS	4-1 7	2 242		
		ALLONSO A			VA Hospi				
230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THE		23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	,	.,	Stote)
	Burial (Specify		3/0/	Baltimore		Baltimore,	Marylar	nd	
	. FUNERAL DIRECTO			4101 Edmond	ston Ave	D BY REGISTRAR 2Sb. REC	GISTRAR'S SIGNAT		
II	TZKE FUN	ERAL HOME		D. 211	DATE	AY 1 6 1967 P	Charles	Judy	LL

. Louis to the second to the last Te. Sulph M. Goomer-7.17 Charlerlain M. YES THE THE TOTAL OF THE TOTAL afutari secentetedimentes

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Marie Strong and Transaction of the Strong S

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

T	V	1)
uneral	ond 2	er death.

36284	CERTIFICATI	E OF DEATH		DROTA
D. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE	ere deceosed lived, if institution: Res	sidence before odmission)
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporote limits, write RURAL ond	give neorest town)
Baltimore CN	SON	Baltimore	21.234	2./
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS	= 44.01	e. IS RESIDENCE
58 St. Josephs Hos	ni tel	2501 Hill	lford Drive	ON A FARM? YES NO
B. NAME OF Firs	•		DATE Month	Doy Year
DECEASED (Type or print) Edwin	Rayne	GOWLAND	OF DEATH MAY	25 19 67
. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN	NDER 1 YEAR IF UNDER 24 HRS.
male white	WIDOWED NORCED	July 4, 1894	72 yrs. Mont	
00. USUAL OCCUPATION (Give kind of work done luring mass of working life even if refired)	10b-KIND OF BUSINESS OR LINDUSTRY	11. BIRTHPLACE (County) & S	tote, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. EATHER'S NAME FREDERIC	K GOWLAND	14. MOTHER'S MAJDEN NAM	A. Feist	T.L
15. WAS DECEASED EVER IN U.S. ARMED FOR CES2 (Yes, no or unknown) (If yes give way or dates of	16. SOCIAL SECURITY NO. 17.	informant 1	y Reco	nds
	he recomfees etech			INTERVAL BETWEEN ONSET AND DEATH
rise to immediate couse (a), stoting the underlying couse		or bone marro	N.	
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	10N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (*) (this has saw the deceased alive an	ital) attended the deceased fram_ Lay 25 1967, and the	May 22 , 196 at death accurred at 1	57 , ta <u>May 25</u> , 30 M, fram causes and c	19 67 , that (I) (we) las on the date stated above
220. SIGNATURE Lawrence F. Mi	sanik. M.D.	ATTENDING ME	D. STAFF PHYS. 22	b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS 7620 You	rk Rd. Towson, M	Md. 21204
230. BURIAL, CREMATION, 23b. DATE THEI			23d. LOCATION (City or Tomp)	(County) Penny
24. FUNERAL DIRECTOR	SON APPORESS	250. REC'D BY	Y REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE

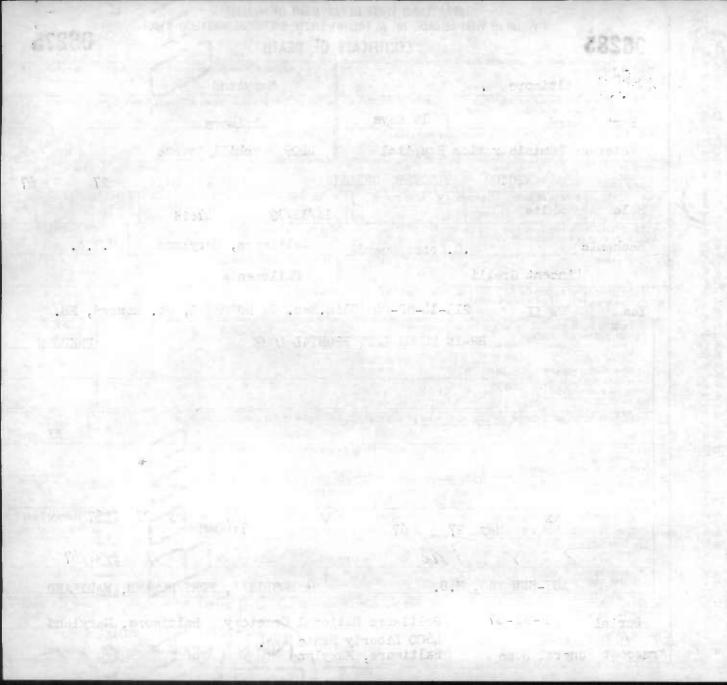
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event within 72 hours after the state of the state Dept.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

94	36285			CERTII	FICATE	OF	DEATH				U	0213
	LACE OF DEATH B	altimore		MAR	YLAND	2. USU a. S1	AL RESIDENCE (Where decease		nstitution: . COUNTY		fare admission)
b	CITY OR TOWN (If ou write RURAL and giv	tside corporate limits	5,	c. LENGTH OF STAY		c. CITY	OR TOWN (If ou	tside corpore	te limits, wri	te RURAL	ond give near	rest town)
	Fort How	ard		19 Days	3		Bal	timore			30-	4
d.	NAME OF HOSPITAL O						ET ADDRESS					e. IS RESIDENC ON A FARM:
		Administ	ration	Hospital		4	409 Feri		Avenue			YES NO
(T	AME OF ECEASED 'ype or print)	VICT	05		GRELLI		Lost	4. DATE OF DEATH	MA		27	oy Year 19 67
. SI	Male 6.	color or race White	7. MARRIED 3	NEVER MARRIE DIVORCE			of BIRTH	1	AGE (In ye last birthd		Months Day	R IF UNDER 24 I
)a. I urin	usual occupation (Giv g most of working life, o Mechanic	re kind af wark done even if retired)	INI	nd of Business or Dustry .Coast Gua	ard		THPLACE (County Baltimo)				12. CITIZEN COUNTRY	OF WHAT
3.	FATHER'S NAME					14. MO	THER'S MAIDEN					
		incent Gr					Philame	nia				
(Yes,	WAS DECEASED EVER IN na, or unknown) (If ye Yes 1B. CAUSE OF DEATH	es give war ar dates a	f service) 213			iformal n.Re	NT C. VA I	IOSPIT	AL, Ft	Address Ho	oward,	Md.
	237X Conditions, if ony, whinse to immediate costoting the underlying last. PART II. OTHER SIGNIF	ch gave use (a), g couse	TO (6)	O DEATH BUT NOT RE				IDITION GIVE	N IN PART 1	(a)		9. WAS AUTOPSY
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING C	DERLYING ALISE OF DEATH	20b. DES	SCRIBE HOW INJURY O	OCCURRED. (E	Enter not	ure of injury in	Part 1 or Par	t II af item 1	В.)		PERFORMED? YES NO
MEDICAL CE	(IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY Haur o.m. p.m.	CAL EXAMINER)	20d. IN While at wark				JRY (Home, farm , affice bldg., etc.)		(City ar tav	vn)	(County)	(State
	21. I certify the saw the decea	hat (this has	oital) attend	led the deceased	fram_M and that	a y death	8 , 1 accurred at	9.67. to 7:00A	may May May	27 uses one	d on the de	that x(b): (we) ote stated ab
	22o. SIGNATURE	2 - 5-	1	Ro	M.D.	PHYS	1	MED. DIRECTOR	STAFF PHYS.	K	22b. DATE SIG 5/27/	
	22c. PHYSICIAN'S NAME (Type)	ZUI-SUN	TAO, M.	D.		VA	HOSPIT	AL, F	ORT HO	WARD	, MARY	LAND
	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THE 5 - 31 - 6		23c. NAME OF CEM Baltimor	e Nat	iona	1 Cemet	erv	CATION (City Balti		(Coun	., , ,
180	FUNERAL DIRECTOR	000	7817	4600°E16	erty I	Hght	S AZSO. REC'T	BY REGISTR	AR 25		TRAR'S SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

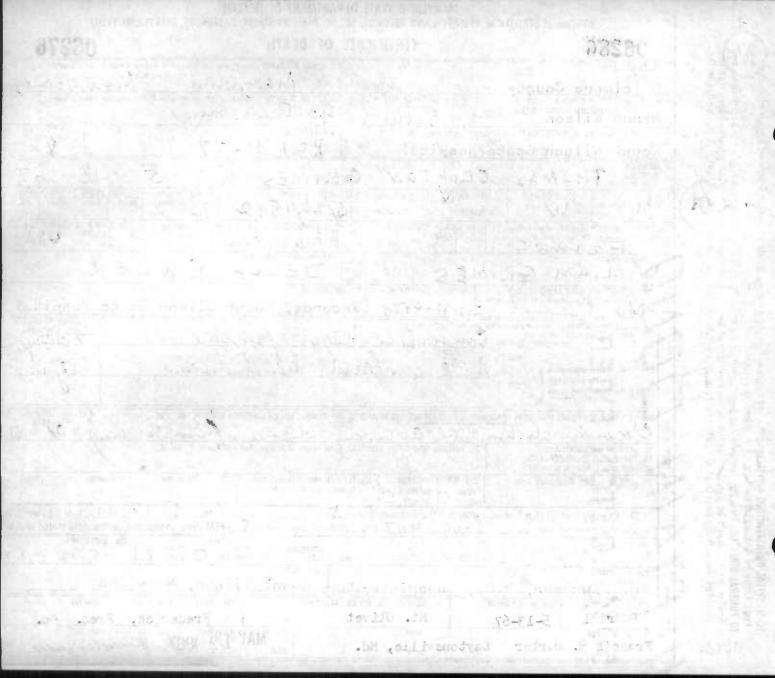


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06286		CERTIFICAT	E OF DEATH		06	5276
01	B. M. M. M. DE (T) S. SE	ACE OF DEATH COUNTY altimore Count CITY OR TOWN (If outside carparate write RURAL and give nearest town) OUNT WISON NAME OF HOSPITAL OR INSTITUTION OUNT WISON AME OF ECEASED YPE OF print) 6. COLOR OR RACE	(If nat in hospital, give structed Hospi First CLIF 7. MARRIED WIDOWED	MARYLAND NGTH OF STAY IN 1b AULYS eet address) tal Middle TON NEVER MARRIED DIVORCED	2. USUAL RESIDENCE (Wo. STATE Man. c. CITY OR TOWN (IF out Gaither STREET ADDRESS REST ADDRESS REST ADDRESS B. DATE OF BIRTH	4. DATE Mon of DEATH 9. AGE (In years Tast birthday) 7 (7) 7 (7)	IRAL ond give neare	e. Is RESIDENCE ON, A FARM? YES NO Year 19 Year Hours Min.
	13. F	SUAL OCCUPATION (Give kind of work of most of working life, even if retired) ATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FOR no grunknown) (If yes give war ar do not not not not not not not not not no	CES? 16. SOCIAL ates of service) 17-10-	SECURITY NO. 17 0979 R.	14. MOTHER'S MANDEN N DELL		State Ho	espital
1	ERTIFICATION	Canditians, if any, which gave ise to immediate cause (a), stating the underlying couse ast. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING □ 20a. ACCIDENT WAS UNDERLYING □ 20a. CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO (b) A TO DUE TO (c) DIS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE CON The Terminal Disea	se Emple	19	WAS AUTOPSY PERFORMED? YES NO
1	MEDICAL	20c. TIME OF INJURY Month, Day, Ye Hour a.m. p.m. 21. I certify that (I) (this saw the deceased alive a 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	haspital) attended the	Nat While at wark for far far far far far far far far far fa	at death accurred at ATTENDING PHYS. 22d. ADDRESS	967 to 5.1	and an the da	
À		BURIAL, CREMATION, 23b. DAT	TE THEREOF 23c.	NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or To	awn) (Caunt	,,
P	24.	FUNERAL DIRECTOR Francis H. Barbe	r Laytons	Mt. Olivet ADDRESS ville, Md.		BY REGISTRAR 2Sb. R	ek, Fred. REGISTRAR'S SIGNATU	JRE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and it any event within 72 haurs after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after age Page 4 may be retained by the hospital ar attending physician. VR A15 (4)



vision	of STATISTICAL	 AND RECORDS,				 MARYLAND	2120
		CERTIFICA	TE	OF DE	ATH		

death. funeral filled in by the fune papers. Pages I a thin 72 hours after d filled 58 completely fi (rem) physician of the please aval, and ile or remava permit. crematian, the signed by the burial-transit burial, cremati be retained by the haspital or attending physician. as the priar take has been ed far use of Health p this certificate detached Dept. be de State [TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

requires that the death certificate be executed within 24 hours after

Di

06287 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY h COUNTY Maryland #2123 Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore altimore Life e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS St Joseph Hospital 1807 Aliceanna St. YES NO 5 3. NAME OF First Middle Lost 4. DATE Month Doy DECEASED OF DEATH Constance A. Gruszczynski 16 67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost pirthday) 2/23/1897 Davs Hours WIDOWED DIVORCED Female White IDo. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Milanicz Agnes Glinski IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address #21231 (Yes, no, ar unknown) (If yes give wor or dates af service) 220-01-0821 Gilbert Gruszczynski - 1807 Aliceanna St. No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Pulmonary Embolism DHE TO Bedridden, Perpheric Edema Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Radical Rt. Mastectomy for Ca. of the Breast NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While Not While factory, street, affice bldg., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. 167 , that (I) (we) last and that death accurred ap :15p M. from causes and an the date stated above 187 saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 5-16-67 M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Rd. Baltimore, Md. 21204 Roberto O. Ferrer 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) St. Stanislaus Cemetery Baltimore.Md. 5/20/67 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24._ FUNERAL DIRECTOR George A. Weber 705 S. Ann Street Melanles

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188 e female amortistes Total configuration of epitation The second of the second of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY papers. Pages I nin 72 haurs after MARYLAND 24 haurs after CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporote limits, write RURAL write RURAL and give neorest town) more d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊆ d. STREET ADDRESS event, within 72 campletely filled within NAME OF 4. DATE DECEASED OF DEATH (Type or print) 0 that the death certificate be executed IF UNDER 1 YEAR SEX 7. MARRIED AGE (In years 6. COLOR OR RACE NEVER MARRIED birthdoy) Months è. WIDOWED DIVORCED and 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if refired) and, 13. FATHER'S NAME MOTHER'S MAIDEN NAM ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 13-10-260 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the signed by the burial-transit PART I. DEATH WAS CAUSED BY: PULMONARY IMMEDIATE CAUSE (o) ar attending physician. DUE TO OR ATTENDING PHYSICIAN: The law requires burial, CONGESTIVE HERRIF FAILURE Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar to has been MYOCARDIAL INFARCTION SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p use BRONCHO PNEUMONIA 10 FUNERAL DIRECTOR: After this certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept.

2Dd. INJURY OCCURRED Not While

2De. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

(City or town)

(County)

22b. DATE SIGNED

Milianten

(Stote)

NO X

15 RÉSIDENCE ON A FARM3

Year

196

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

Doy

29

12. CITIZEN OF WHAT

COUNTRY

NO

21. I certify that (I) (this haspital) attended the deceased fram May saw the deceased alive an_ 22o. SIGNATUR

20c. TIME OF INJURY Month, Doy, Year

Hour o.m.

of work

22d. ADDRESS

G.B.M.C

DIRECTOR

_19 67, and that death accurred at 2 42 M, fram causes and an the date stated above.

23o. BURIAL, CREMATION, REMOYAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

M.D.

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town) (County)

(Stote) 2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

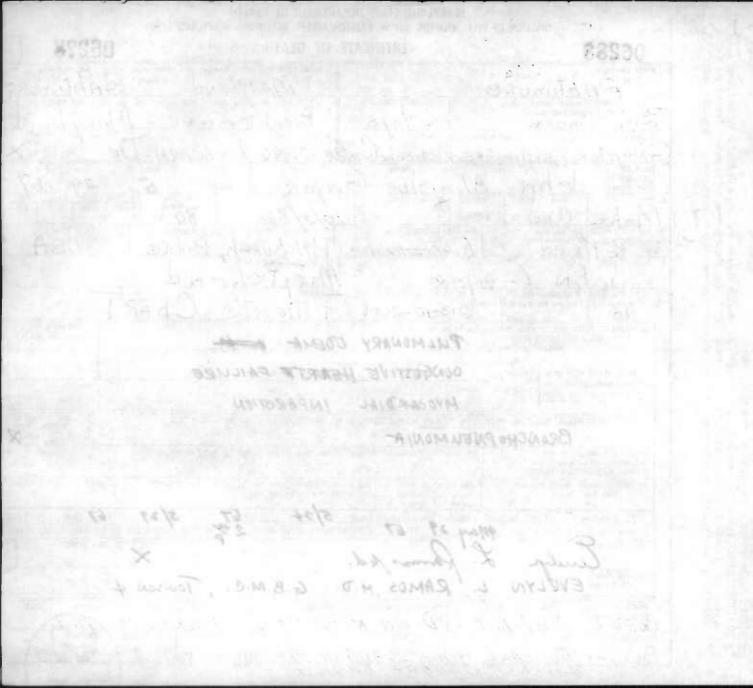
22c. PHYSICIAN'S

VR A15 (4) 25M 1/67

director, page 3 shauld be filed v

be retained

O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0628	3	MED	ICAL EXAMIN	ER'S	ERTIFICATE O	F DEATH	(E233	
	LACE OF DEATH O. COUNTY Baltimo:	re	W.	MARYL	AND	2. USUAL RESIDENCE (V o. STATE Maryland		titution: Residence COUNTY a ltimore)
		If outside corporate limit give nearest tawn)	·s,	c. LENGTH OF STAY IN	16	c CITY OR TOWN (If ou	tside corporate limits, write	RURAL ond give	neorest town)	
	. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	ive street oddress)	24	d. STREET ADDRESS			e. IS RESIDEN ON A FAR	
	818 Fai:	rway Drive				818 Fairw	ay Drive		YES NO	
	NAME OF DECEASED (Type or print)	CHA	RLES	Middle MATHIAS		Lost HAHN	DE LOCALITA DE LA CONTRACTOR DE LA CONTR	5	Doy Year 3 1967	
S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In year lost birthdoy		YEAR IF UNDER 24 Doys Hours	Min.
_	Male	White	WIDOWED	DIVORCED		Vov. 12,	35 31 Yr	75.		
duri	ng most of working			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote	nd		TEN OF WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				
		H. Hahn				Hilda	Beutgen			
		R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.	17. IN		J. Rosenbe	Iddress Spri	ng Lane (old	
		, which gove e couse (o),		(o), (b), ond (c).) Gunshot wo	ound	of head			INTERVAL BETWE	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO TI	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	19. WAS AUTOP: PERFORMED YES NO)?
L CERTIFICATION	2Do. EXTERNAL CA PRIMARY (X) or CO CAUSE OF DEATH.			scribe HOW INJURY OCC not self in	,		Port I or Port II of item 1B.)		
MEDICAL	2Dc. TIME OF INJU Hour o.r p.r	1111121212121212	2Dd. IN While at work	Not While		E OF INJURY (Home, farm ry, street, office bldg., etc.) Home		n) (Coun Bal	17	Md.
	21. I certif death resultant		of the ren	noins described obd		de X, Homicide CHIEF MEDICAL	, Undetermined	Inquiry, I monner	and in my of	
	EVAMINED'S	RUSSELL S'.	FISHER	, M.D.		DEPUTY MEDICA	AL EXAMINER t, city, town, or county)		5-3-67	
	BURIAL, CREMATIC REMOVAL (Specify Sun a)	or May	6, 196	23c. NAME OF CEMET New Cat ADDRESS	tery or chedr	cal Cemeter	23d LOCATION (City of Baltimo as year Registran 256		County) (Stot	te)
1	ohn A. I	Moran, Inc.	3000	& Baltime	ne.	St. DATE	.007	7 -74	Judge	

S may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department af v delay is P.M.3. Page "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the ward

VR A15ME 6M 1/67

Health prior to buriol, cremation, or removal, and in any event within 72 haurs after deal

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FOR STATE HEALTH, DEPT.

1 3 CIE CINO:

FOR STATE HEALTH DERVI 2, and 3 ta

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages

partment the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the States. Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301

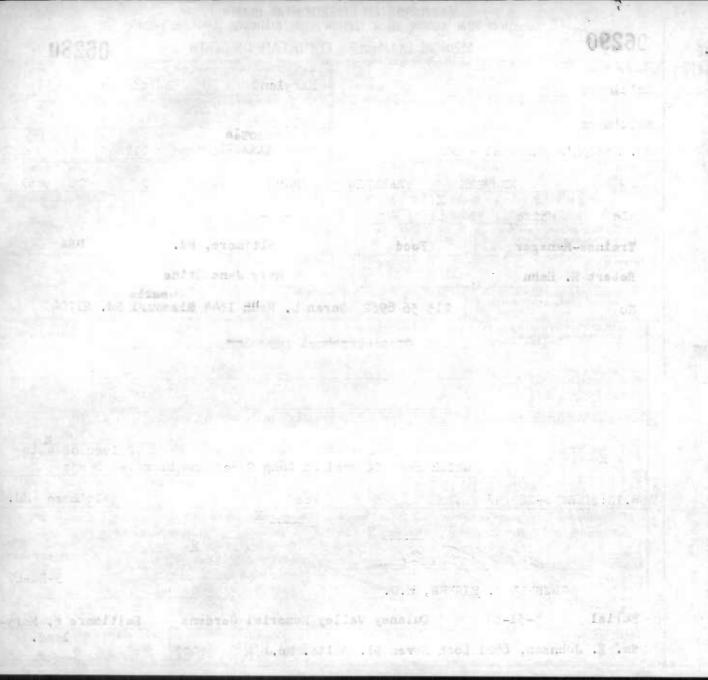
06290

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06280

3. MAME OF DREASED COURT OR RACE First Middle Lost HAHN Day Year TRANKLIN HAHN DEATH S. SEX Market S. SEX G. COLOR OR RACE 7. MARRIED DIVORCED						00000
Baltimore MARYLAND Maryland Baltimore						
Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) St. Joseph's Hospital - DOA 1644 ***********************************		Market State of the Control of the C	MARYLAND	Maryland	Balti	more
Baltimore d. MAME OF MOSPITAL OR INSTITUTION (if not in heaspital, give street oddress) St. Joseph's Hospital - DOA 3. ANAME OF DECEASED (if year or print) MEDINETH FRANKLIN Male White Wide b. CITY OR TOWN (I	f autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide carparate limits, write RUR	AL and give nearest tawn)	
d. MANE OF HOSPITAL OR MISTITUTION (If not in hospital, give street oddress) St. Joseph's Hospital - DOA 3. NAME OF OPTICAL OR MISTITUTION (If not in hospital, give street oddress) Model Lost HAHN S. SEX 6. COLOR OR RACE White White White White Whow D DIVORCED 10-30-40 28 19 67 10-30-40 20 yr. Months Doys Months Months Doys Months Months Doys Months Doys Months Doys Months Months Doys Months Months Doys Months Months Doys Months Months Months Doys Months Months Doys Months Months Doys Months Months Months Doys Months Months Doys Months Months Doys Months Months Months Doys Months Months Doys Months Month		give neglest idwill		Baltimore		13-1
St. Joseph's Hospital - DOA 1644 MASSAWA Road 21204 V15 NO X NAME OF FIRST Modelle Lest		AL OR INSTITUTION (If nat in h	aspital, give street address)		a	e IS RESIDENCE
Refease Property	St. Josep	h's Hospital	- DOA	1644 N. 1644	Ki Road 21	001
Conditions, if any, which gave is for instead to consider the model of the instead of considerable to the considerable of the model of considerable of considerable of the model of the model of the model of the model o		First	Middle	Last		Day Year
Male White WIDOWED DIVORED 10-30-40 26 bott birthday yis. The control of the c	(Type ar print)	KENNE	TH FRANKLIN	HAHN		28 19 67
Male White Wooved Doublook Contribution (Greek and 4 wark done during mast of yorkino life, awar of relited to the form of the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of relited to the following mast of yorkino life, awar of dates of service) 13. FATHER'S NAME Robert H. Hahn 15. WAS DESEAD PYER IN US. ARMED FORCES? 16. SOCIAL SECURITY NO. 213 36 8962 Sarah L. Hahn 1644 KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		
COUNTY C	Male	White w	IDOWED DIVORCED	10-30-40		mainis bays radis min.
A. MOTHER'S MADIE NAME No.	10a. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State at	fareign country)	12. CITIZEN OF WHAT
A. MOTHER'S MADIE NAME No.	Trainee	-Manager	Food	Baltim	ore, Md.	USA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a), (c), and (c	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
The contribution of the period of the peri	Robert	H. Hahn		Mary J	ane Stine	
B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: S	15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			
PART I. DEATH WAS CAUSED BY: S 3 4 IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO PART II defined II. PART II. OTHER SIGNIFICANT CONTRIBUTING TO PART II defined II. PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT COURSES PRIMARY IX	No	(ii yos give war ar aares ar sarv	213 36 8962 Se	arah L. Halln	1644 MXXXXXXXXXX	(Rd. 21204
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO	1B. CAUSE OF DE	ATH (Enter anly ane cause pe	r line far (a), (b), and (c).)			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMANCY CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMANCY CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMANCY CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMANCY COUNTRY II. OTHER SIGNIFICANT II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMANCY COUNTRY II. OTHER SIGNIFICANT II. OTHER III. OTHER	PART I. DEAT		Craniocere	bral injurie	S	ONSET AND DEATH
Tise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY I Cor CONTRIBUTING WHICH PROVIDED Which ran off road at Long Green and Hannibal Roads 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of Irem IB.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not While I at wark of the Indian of Indian India	823	//				
Stating the underlying cause Color						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED. DEPART II. OTHER MEDICAL EXAMINER ADDRESS PEGISTRAR SIGNATURE PERFORMED. PERFORMED		e cause (a), (
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY LX or CONTRIBUTING Which ran off road at Long Green and Hannibal Roads 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item IB.) 20c. TIME OF INJURY Manth, Day, Year which ran off road at Long Green and Hannibal Roads 20c. TIME OF INJURY Manth, Day, Year Photo of Autopsy While of work of a twork of the provided of two		1 0				
PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY LX or CONTRIBUTING CAUSE OF DEATH. Which ran off road at Long Green and Hannibal Roads 20c. TIME OF INJURY Manth, Day, Year App. 12:2 Lm. AM 5-28 1967 20d. INJURY OCCURRED at wark of the remains described above, held on Autapsy X, Inspection I, Inquiry I, ond in my opinion death resulted from: Noturol couses I, Accident X, Suicide I, Hamicide I, Undetermined manner I ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. ACSISTANT MEDICAL EXAMINER I SEAMINER I SEAM	PART II. OTHER SIG		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	
20c. TIME OF INJURY Manth, Day, Year Hour, a.m. Actual signature Examiner's NAME (Type) 20c. TIME OF INJURY Manth, Day, Year Hour, a.m. Accident X, Suicide M.D. 21. I certify that I took charge af the remains described above, held on Autapsy X, Inspection M.D. Inquiry M.D. Accident X, Suicide M.D. ASSISTANT MEDICAL EXAMINER M.D. 22. DATE SIGNED DEPUTY MEDICAL EXAMINER M.D. 23. BURIAL, CREMATION, ROUSELL S. FISHER, M.D. 24. FUNERAL DIRECTOR 20d. INJURY OCCURRED M.D. PLACE OF INJURY (Hame, farm, factory, street, affice bidg., etc.) Baltimore Md. Chief Medical Examiner M.D. Inquiry M.D. Inquiry M.D. Accident M.D. Accid	NOIL		Solition to bearing solition keepings is		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. Action of the remains described above, held on Autapsy (Caunty) Hour at wark of the remains described above, held on Autapsy (Caunty) Hour at wark of the remains described above, held on Autapsy (Caunty) Hour at wark of the remains described above, held on Autapsy (Caunty) Hour at wark of the remains described above, held on Autapsy (Caunty) Hour at wark (Caunty) Hour	200 EXTERNAL CAL	ISF WAS	30P DESCRIBE HOW INTIDA OCCURRED	(Enter nature of injury in Po	est Lor Port II of item 10 \ 7	
20c. TIME OF INJURY Manth, Day, Year Hour, Qrm. App. 12:2 Jm. AM 5-28 1%67 While at wark at wa	PRIMARY Xor COM	ITRIBUTING				
death resulted from: Noturol couses	CAUSE OF DEATH.					
death resulted from: Noturol couses	Haur an	IRY Manth, Day, Year	1 1100 11 11 11 11 11 11 11 11 11 11	tary, street, affice blda., etc.)	201. (City of fawn)	
death resulted from: Noturol couses	App.12:21	AM 5-28 1967	at wark at wark	Road		Baltimore Md.
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. BURIAL, CREMATION, REVOYAL SQUIFY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5-28-67 Address (Street, city, town, or county) 23a. BURIAL, CREMATION, PROVAL SQUIFY 23b. DATE THEREOF Dulancy Valley Memorial Gardens Baltimore 6, Mary 24. FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER (25. DATE SIGNATURE AND ADDRESS 25c. RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AND ADDRESS 25c. RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AND ADDRESS	21. I certify	that I took charge af	the remoins described above, he	eld on <u>Autapsy</u> [X],	Inspection, Inqui	iry , ond in my opinion
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 22. DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5-28-67 Address (Street, city, town, or county) 23a. BURIAL, CREMATION, PROVING SET 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Dulancy Valley Memorial Gardens Baltimore 6, Mary 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE and a county 25b. REGISTRAR'S SIGNATURE and a co	death result	ed from: Noturol co	uses , <u>Accident X</u> , Suid	cide 🔲, Hamicide [inner 🗌
SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. BURIAL, CREMATION, RUSSELL S. DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION, RUSSELL S. FISHER, M.D. 23c. NAME OF CEMETERY OR CREMATORY Dulancy Valley Memorial Gardens Baltimore 6, Mary 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE and		220		CHIEF MEDICAL EX	KAMINER X	
NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, tawn, ar county) 23a. BURIAL, CREMATION, PROVINCE (STREET) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) Caunty) (State) PROVINCE (STREET) Dulancy Valley Memorial Gardens Baltimore 6, Mary 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE and		001	Tube	M.D. ASSISTANT MEDIC	AL EXAMINER	22. DATE SIGNED
23a. BURIAL, CREMATION, RENUTAL (RETIFY) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23d. Date THEREOF 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23d. Registrar (State) 23d. Registrar (State)	EXAMINER'S	150 800		DEPUTY MEDICAL	EXAMINER	5-28-67
PSUVAL(STIFY) 5-31-67 Dulancy Valley Memorial Gardens Baltimore 6, Mary 24. FUNERAL DIRECTOR ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE and		RUSSELL S. :	FISHER, M.D.	Address (Street,	city, tawn, ar county)	
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE and					, ,	vn) (Caunty) (State)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE and	BUY 1 & Tify	5-31-67	Dulancy Vall	ey Memorial	Gardens B	altimore 6. Marv-
M. B v 1 Occa v 1 o co c			ADDRESS	2Sa. REC'D I	BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE and
Wm. E. Johnson, 8521 Loch Raven Bl. Balto. Mdw. UN 5 1967 Clarifa Oute	Wm. E.	Johnson, 8521	Loch Raven Bl. Bs	Ito. Mdw.UN	5 1967 000	learly Onder

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necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6291

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06281

o. COUNTY Baltimo		MARYLAND	Maryland		timore				
	(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 16	Towson	tside corporote limits, write RL	JRAL ond give neore	st town) 3 · /			
d. NAME OF HOSP	TTAL OR INSTITUTION (If not in rway Drive	hospitol, give street oddress)	d. STREET ADDRESS 818 Fairw	ay Drive		ON A FARM? YES NO			
3. NAME OF DECEASED	First MARY	Middle LOUISE	lost HAHN	4. DATE Prenoution		y Year 19 67			
(Type or print) S. SEX Female	6. COLOR OR RACE 7.	MARRIED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Mar. 26. 7	9. AGE (In yeors last birthdoy) 32 yrs.	IF UNDER 1 YEAR Months Doys	IF UNDER 24 HR: Hours Min.			
10a. USUAL OCCUPATION	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) HOUSTRY 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) HOUSEWILLE 10c. CITIZ COUI								
13. FATHER'S NAME Leo A. 9	Rosenberger		14. MOTHER'S MAIDEN Lillian	J. Jacobs		75.11			
1S. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of ser	vice)	rs. Lillian	Add	ress Spring aer 14 W	Lane			
Conditions, if or rise to immedi stoting the und	ote couse (o), derlying couse (c) _ (c) _	Gunshot wound		UDITION CIVEN IN PART 1(a)		NSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									
CAUSE OF DEATH	CAUSE WAS ONTRIBUTING	Presumably shot	,	Port I or Port II of item 1B.)					
Hour o	JURY Month, Doy, Year o.m. Unknown		PLACE OF INJURY (Home, farm actory, street, office bldg., etc. Home		(County) Balto.	(Stote) Md.			
death resu		the remains described above, auses , Accident , Si	uicide , <u>Homicide</u> CHIEF MEDICAL	X, Undetermined r	manner 🗌	d in my opinio			
EXAMINER'S NAME (Type)	RUSSELL S. F	ISHER, M.D.	DEPUTY MEDICA	party.	5	-3-67			
230. BURIAL, CREMA REMOVAL (Spec BURIAL 24. FUNERAL DIREC John A.	5/6/16;	F 23c. NAME OF CEMETERY C 7 New Cathed ADDRESS 3000 E. Baltimon	ral Cemetery	23d. LOCATION (City or T Baltimone, B By REGISTRAR 250 8 1967		nd			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3	P	n	10	0	
U	0	2	0	2	

0029	S	CEKTIFICA	AIE OF DEATH		05282
Ptace of Death o. County	Baltimore	MARYLANI	O. STATE NA	(Where deceased lived, if instituted with the country wit	ution: Residence befare admission) UNTY
write RURAL o	l (If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSE	ost Con Home	n haspital, give street address) Regester Ave	d. STREET ADDRESS 912	Chestnut Hill	Ave e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Margaret	Middle Edna Hartig	Lost	4. DATE MOD OF DEATH MAY 16/	
s. sex Female	1	. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH April 5 19	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR
	ON (Give kind of work dane ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	, ,	nty & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME F1	rederick Wirth	1	14. MOTHER'S MAIDE Julia Ma		
	(If yes give war ar dates af se	16. SOCIAL SECURITY NO.	17. INFORMANT Karl W Harti	Addig 912 Chestnut	ress Hill Ave
PART 1. DI	DEATH (Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO only, which gave ate cause (a), derlying cause (c)	Carcinema of	Carcinon breast	natosis	INTERVAL BETWEEN ONST AND DEATH YEAR 7 9 00 FS
20a. ACCIDENT W	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED 20b. DESCRIBE HOW INJURY OCCUR			19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF IN	FY MEDICAL EXAMINER) NJURY Month, Day, Year o.m. 19	20d. INJURY OCCURRED 20e While Not While at wark at wark	e. PLACE OF INJURY (Hame, fo factory, street, office bldg., e		(County) (State)
		of) attended the deceased from	that death occurred	, 19 <u>6</u> 7, to May at <u>7:15 P</u> M, from causes	that (I) (we) last and on the dote stated above
22a. SIGNATUR 22c. PHYSICIAN NAME (TYP	Toy // E	Limmerman M.	M.D. ATTENDING PHYS. 22d. ADDRESS 3202	MED. STAFF DIRECTOR PHYS. [22b. DATE SIGNED 67 1 Baltimore, Md
23a. BURIAL, CREMA REMOVAL (Spec	ify) May 18/	67 23c. NAME OF CEMETER' Parkwood Co	y or crematory emetery	23d LOCATION (City or I Baltimore	own) (County) (State)
24. PUNTRAL DIRECT		ADDRESS 4210 Belair Road		IAY 2 9 1967	REGISTRAR'S SIGNATURE

Page 1 and 2 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely-fittled in directar, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72th. directar, page 3 should be detached for use as the burial-transit permit. Then please remove car, shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06293

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06303

,		PLACE OF DEATH o. COUNTY Balt	timore	MARYLAND	11		ution: Residence befare admission) UNTY Baltimore		
		b. CITY OR TOWN (If outside		c. LENGTH OF STAY IN 16 5 yrs.	c. CITY OR TOWN (If or Baltimo	utside corporote limits, write R ore, 21212	URAL ond give nearest town)		
00		d. NAME OF HOSPITAL OR II Baltimore		nospital, give street address)	d. STREET ADDRESS 709 Kin	gston, Rd.	e IS RESIDENCE ON A FARMO YES NO		
		NAME OF DECEASED (Type or print) W:	illiam E.	Middle Haverstick	Last		21, Day Year 1967		
	S.	SEX 6. COL	T.7	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Sept.1,188	9. AGE (In years 79) birthday) yrs.	Months Days Hours Min.		
		i. USUAL OCCUPATION (Give ki ing most of working life, ever		IDD. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Adams Co	0 17	12. CITIZEN OF WHAT		
Ť.	13.	FATHER'S NAME Add	dison	Haverstrele	14. MOTHER'S MAIDEN Anna	NAME Rudisill			
	1S. (Ye	WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes g	ARMED FORCES? live war ar dates of servi		7. INFORMANT Josephine Ha	7100	dress Kingston Rd.		
3		PART I. DEATH WAS	nter anly ane coused CAUSED BY:	lime for (e), (b), ond (c)	Tulmen	aux de	INTERVAL BETWEEN PASET AND DEATH		
9		Conditions, if any, which prise to immediate cause	gave) (b)	Mikagar	Leaft)	Heners	how 5 4/25.		
		stating the underlying colors.	ouse DUE 10	butterlon	ischerble	c Boss	-		
2	CERTIFICATION			IBUTING TO DEATH BUT NOT RELATED			19. WAS AUTOPSY PERFORMED? YES NO		
		2Da. EXTERNAL CAUSE WA: PRIMARY □ or CONTRIBUT CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af item 1B.)			
	MEDICAL	20c. TIME OF INJURY Mon Hour a.m. p.m.	nth, Day, Year 19		PLACE OF INJURY (Hame, farr factory, street, affice bldg., etc.		(Caunty) (State)		
			,	the remains described above,	1 / 1	Inspection, Inc	quiry 🔲, and in my apinio		
		death resulted fro	Matural cau	uses Accident, S			manner 🗌		
		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER (22. DATE							
2		EXAMINER'S CHAI	REES F. (O'DONNELL, M.D	DEPUTY MEDIC Address (Stree	al EXAMINER (1)	5/21/67		
P		BURIAL, CREMATION, RENOTAL (Specify)	23b. DATE THEREOF May 24,67	Dulaney	Valley	23d. LOCATION (City or 1 Cockeysvi	1		
K	24	FUNERAL DIRECTOR COC	ok-Brooks '	Tgwson, Towson, 1	Md. 25a. REC	D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE		

FOR STATE HEALTH DEPT 2, and 3 ta PM3. Page delay is

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department and the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm and in any event within 79 hours after death Health priar ta burial, cremotian, or remaval,

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

MEDICAL EXAMINER:

TO DEPUTY

This certificate shauld be executed within 24 haurs after death. If

VR A15ME (5)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and concluded, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers: Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4 20M S-63

MARTLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06294 CERTIFICATE OF DEATH

						OOMOA	
1. PLACE OF DEATH • COUNTY			CE (Whera			idence before edmission)	
BALTIMORE MARYLI	AND	STATE MD. BALTO.					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
write RURAL and give nearest town) CATONSVILLE		CATONSVILLE 03,/					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress	(55)	d. STREET ADDRESS	MOATT		-	IS RESIDENCE	
		-41.6	FORE	VICACI TO	ישו וואישונו	ON A FARM?	
3. NAME OF IGUS FOREST PARK AVENUE Middla		Last	4. DATE		AVENUE	YES NO	
DECEASED		Lasi	OF		1 10-	Day Yeer	
ROA E. HAINIE			DEAT	21	/19/67	19	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In yeers last birthday)	Months De		
F WIDOWED TO DIVORCED		1/30/83		8H ALE		ys Hours Hain.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (Coun	ty & State,	or foreign country)	12. CITIZE	N OF WHAT COUNTRY?	
NONE		VA					
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN	NAME				
CHARLES WALKER	5	UNKNOW	M				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.). 17. IN	FORMANT		Address			
(Yes, no, or unkown) (If yas giva war or dates of service)	1075	FAMILY - S	AME				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	1.1				1	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:		- REC	TUM	1		ONSET AND DEATH	
IMMEDIATE CAUSE (a) C/4 K C1/V U /	(PT	100.0	,			18 mo	
DULLE /- C-A/A	FOA	L (2E) (AD O	1.112111	10000		
Conditions, if any, which gave rise to immediate cause	TT IC 14	~ (~)	-1002	TNOMB			
(a), stelling the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PART 1	a) 19. WAS AUTOPSY PERFORMED?	
CATI						YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	(Enter nature of injury in	Part I or Pa	art II of item 18.)	100		
					18ETO		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a.m. While Not While at work at work at work		OF INJURY (Home, farm , street, office bldg., etc.		lty or town)	(County	(Stete)	
p.m. 19 at work at work				,			
21. I certify that (I) (this hospital) attended the deceased	from	6/5	19.6.6, 1	0 5/14	19.6	7, that (1) (we) last	
saw the deceased alive on 5118 19.67, and		2	A.M. fre				
22a. SIGNATURE	id fildi de	Jan Occarred dr. 5				22b. DATE	
Ell moran K KOpens	44.5		AED.	STAFF PHYS.		5/20/SIGNED	
22c. PHYSICIAN'S	M.D.	22d. ADDRESS	0 0		1	14/67	
NAME (TYPO) NORMAN K. FLEIM,	AN	3803	Edn	roud sor	AVE	_	
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	METERY OR	CREMATORY	23d. LO	CATION (City, tov	vn or county)	(Stete)	
REMOVAL (Spacify) B 5/22/67 MEADOWN	RIDGE			BALTIMORE	,	MA	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	T. L. D. CHE	25a. REC		STRAR 25b. REC		INATURE	
11 Celle . 237 Totalise D		MA'	129	1967 0	Charle	. ()	
7 7 10/14/14/1000 110	<u> </u>	I DATE.		201	TO	- Junge	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	6295		CERTII	FICATE	OF DEATH			06285
1. PLACE O	BALTO.		MAR	YLAND	2. USUAL RESIDENCE (W a. STATE M	there deceased lived, if institution b. (O	1441931	e befare admission)
write	R TOWN (If outside corporate limits, RURAL, and give nearest town)		C. LENGTH OF STAY			side carparate limits, write R	URAL and give	nearest tawn)
d. NAME	OF HOSPITAL OR INSTITUTION (IF not in ALTO. COUNTY	haspital, giv	re street address) N. HD57-) <i>,</i>	d. STREET ADDRESS	WINDSOR	MILLA	ON A FARM? YES NO
NAME O DECEASE (Type or	D 1 1/1	A	Middle B.	1	HEAR N/	4. DATE Mo OF DEATH S		Day Year 2 19 6 7
5. SEX	4./	MARRIED [NEVER MARRIE DIVORCE		DATE OF BIRTH /84	9. AGE (In years last birthday)		Days Haurs Min.
	CCUPATION (Give kind af wark dane of working his aven if refired)		o of Business or Isiry Home		Mary	State, or foreign country) yland		ZEN OF WHAT
13. FATHER	ATRICK ALB	3101/			14. MOTHER'S MAIDEN N.	AMEBYRD		
15. WAS DE (Yes, no. or IVO	CEASED EVER IN U.S. ARMED FORCES? unknown) (If yes give way or dates af se	rvice) 16. SC	OCIAL SECURITY NO.		ward D. He	earn 6003 V	dress Nindso	r Mill Rd
rise to stating last.	IMMEDIATE CAUSE (a). DUE TO DOES TO D	As	SCVD			LE HEART F		119. WAS AUTOPSY
NO PART II	OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO	DEATH BUT NOT KE	LAIED IO I	HE TERMINAL DISEASE CONL	JITON GIVEN IN PART I(0)		PERFORMED? YES NO
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRED. (Enter nature af injury in P	art I ar Part II af item 18.)		
20c. TII	ME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	20d. INJI While at wark	URY OCCURRED Not While at wark		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City or town)	(Cour	nty) (State)
sa	. I certify that (I) (this haspite w the deceased alive an	7 % / /			death occurred at	ta C/2/ O;NPM, fram cause	s and an th	
6	Ch. Milton &	e Ele	11/0"	mado	. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DA	TE SIGNED - 6 7
N	HYSICIAN'S ANILTONI		HLENO	F	22d. ADDRESS T		7 /	4057
Buri		i	23c. NAME OF CEM			23d. LOCATION (City of I Salisbur	ry Mar	V
24. JUNEPO	STANSBURY 641	P. Wir	nds or My	ll F	250. REC'D	A 1967 25b.	REGISTRAR'S SIG	Jusque

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after deat

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ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0629	6		CERTI	FIC/	ATE OF DEAT	Ή		Reg. Dist.	No. 1	286
1. PLACE OF DEATH o. COUNTY Baltime	ore		MARY	LAND	2. USUAL RESIDENCE (Va. STATE	Vhere decease	ed lived. If institution becounty		before admi	issian)
b. CITY OR TOWN RURAL ond give Catonst	4 9 7	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III Catonsvi)	_	orate limits, write R	URAL and giv	re nearest tax	wn)
d. NAME OF HOS	PITAL (If not in hospital.	give street oc	ddress)		d. STREET ADDRESS 625 Myers	Drive	,	- 3	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	William	rst	Middle S.	Her	rick lost /Harrick	4. DATE OF DEATH	May 2		Day	Yeor 19 67
5. SEX	6. COLOR OR RACE	7. MARRIE		-	B. DATE OF BIRTH	37	9. AGE (In years last byetholoy) yrs.		YEAR IF UNI	-
10a. USUAL OCCUPATION Mast of with Retire	arking life, even if retired	47	S. Civil		rice Balto	e ar foreign		12. CITIZE	USA	COUNTRY
13. FATHER'S NAME Late -	William J.	Herric	ok .		14. MOTHER'S MAIDEN	NAME				Calle.
15. WAS DECEASED ET (Yes. no, or unknown)	VER IN U. S. ARMED FOI	service)	9-14-0967	1	yformant drs. Joseph 25 Myers Dri	ikadıcıs Ve -	Galkas ^{dd}	ress		
PART I. D	EATH [Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	2)	for (0), (b), and (c).	he	yreardial	Ja	ilun		INTERVAL E	
Canditions, if gave rise ta couse (a), statin lying cause las	any, which immediate g the under-)	Rheums	ste	Cardia-1	Jasca	la die	ease		
20g. ACCIDENT V	WAS UNDERLYING DEATH	retor	my for	C	NOT RELATED TO THE TER	ngnx		/EN IN PART 1	1(a) 19. WAS PERF YES	ORMED?
20c. TIME OF INJU	1.	ar 20d. INJ While of wark	URY OCCURRED Not while at work	20e. PL	ACE OF INJURY IHome, fai tary, street, affice bldg., e	rm, 20f. (Cit	y ar tawn)	(Co	unty)	(State
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the May 19 D. C. Ma	deceased, 196	I fram. Ord T., and that	death	accurred at 7 A	ADDRESS (S	the causes an street, city ar town, clarge	d an the stote)	date state	
220. BURIAL, CREMAT REMOVAL (Specif Burial) 23. FUNERAL DIRECTO	5/23/67 DR'S SIGNATURE		ADDRESS	ore !	National Com	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TION (City, tawn, or Baltimore			ate)
Witzke	77 79 17 4	l Edmo		•	DATE	MAY 2	2 1967		les Que	del

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Reifred Pal. S. Civil Service Palto., Mi.

date - William V. Herrick

yes U.V. 219-14-0967 C.S. Completion Clarkes

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burnal 5/23/87 Distance Matienal Cem. Dellisore, Mil.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Maryland Balto.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore 21234 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2032 E. Joppa R. YES NO 3 State St. Joseph Hospital alang with DECEASED Louise Sproull DEATH IF UNDER 1 YEAR 7. MARRIED B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED lost birthday) 78 yrs. Months Hours WIDOWED | White 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Pennsylvania USA Homemaker Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Chipley William A. Sproull 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16_SQCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 213-12-2606A William S. Hill Above No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (c Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 200. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury of Part I or Port II of item 18.) PRIMARY FOR CONTRIBUTING 20f. (Lity or town) 20e. LACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While of work Not While 21. I certify that I took charge of the remains described above, beta an Autapsy Inspection Inspection death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) CHARLES F. O'DONNELL, M.D. Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY Moreland Memorial Baltimore Co. Burial 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR H.W.Jenkins & Sons Co. 3905 York Rd., Balta MAY 15

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may be retained far FUNERAL DIRECTOR:

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #6 Film #G CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY			- CTATE	Where deceosed lived, if institutio		fore odmission)	
	o. COUNTY	Baltimore	MARYLAN	o. STATE Mary	land b. COUNT	1		
1		If outside corporate limits,	c. LENGTH OF STAY IN 1	b C. CITY OR TOWN (If or	utside corporote limits, write RURA	L ond give ned	orest town)	
	Fort E	give nearest tawn)	6 days	Baltin	nore	311	/	
		AL OR INSTITUTION (If not in h		d. STREET ADDRESS		200	e. IS RESIDENCE	
		ens Administra		594A Yale	Street		ON A FARM? YES NO X	
2	NAME OF	First	Middle	Lost	4. DATE Month			
	DECEASED (Type or print)	ALBERT	L	HILLIARD	OF DEATH MAY		30 19 67 R 1F UNDER 24 HRS.	
S.	SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED [8. DATE OF BIRTH	last hirthday) Manth			
	Male	White w	IDOWED DIVORCED [☐ May 22, 188	39 78 yrs.	Months Doy	ys Hours Min.	
		(Give kind of work done	10b. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN		
	ing most of working RETTRED S		U. S. ARMY	Wilmerdin	ng, Penna.	U.S.	Á	
	FATHER'S NAME	70,20,213,1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14. MOTHER'S MAIDEN				
		Unk		VICTORIA	A MN: OGROWSKI			
15.	WAS DECEASED EVE	R IN II S ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	S		
(Ye	s, no, or unknown)	(If yes give wor or dotes of servi	ice)	Clinical Pade	VA Hospital,	F+ How	and Md	
	Yes	EATH (Enter only one couse per		Ollinical Reds	VA HOSPICAL,		INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DOTNOMA			ONSET-WHO DEATH	
	1621		BRONCHOGENIC CA	TUCTIONIA			ONITHONIA	
	Conditions, if ony	DUE TO						
	rise to immediat	e couse (a)						
	stoting the unde	rlying couse DUE TO						
3			BUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?	
Y I	COROL	VARY HEART DIS	SEASE				YES 🔣 NO 🔲	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or Port II of item 18.)			
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor		e. PLACE OF INJURY (Home, form		(County)	(Stote)	
MEL	Hour o.r	10	While Not While of work	foctory, street, office bldg., etc.)			
		111	ottended the deceased fro	m May 24	19 67 to May 30	19 67	that (we) los	
	sow the di	eceased alive on May	30 1967 ond	that death occurred of	10:30 AM from couses o	nd on the c	lote stoted obove	
	22a. SIGNATURE	1.				22b. DATE S		
	(10	ter /m	man	M.D. PHYS.	MED. DIRECTOR PHYS.	5/	31/67	
	22c. PHYSICIAN'S							
	NAME (Type)	PETÉR V. J	JVAN, M. D.	VAH FO	RT HOWARD, MARY	LAND		
230	. BURIAL, CREMATIC	ON, 23b. DAJE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or Town	n) (Cou	nty) (Stote)	
	BURLAL (Specify		BALTIMORI	E NATIONAL	BALTIMORE, M	,		
24	. FUNERAL DIRECTO	R	MC CULLY FU	2So. REC		ISTRAR'S SIGNA	TURE	
				DATE TO THE DATE OF	N 2 1967 /	liarles	Young and	
_			FORT AVENUE,	DALILINOID, ML	•			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages A each should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in only event, within 72 hours-after and

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DESCRIPTION OF THE PROPERTY OF			The same of the sa	
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	Paltinore	6 4 4 5	Grates teat	2
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	May 22, 1889 78	X	6.25	
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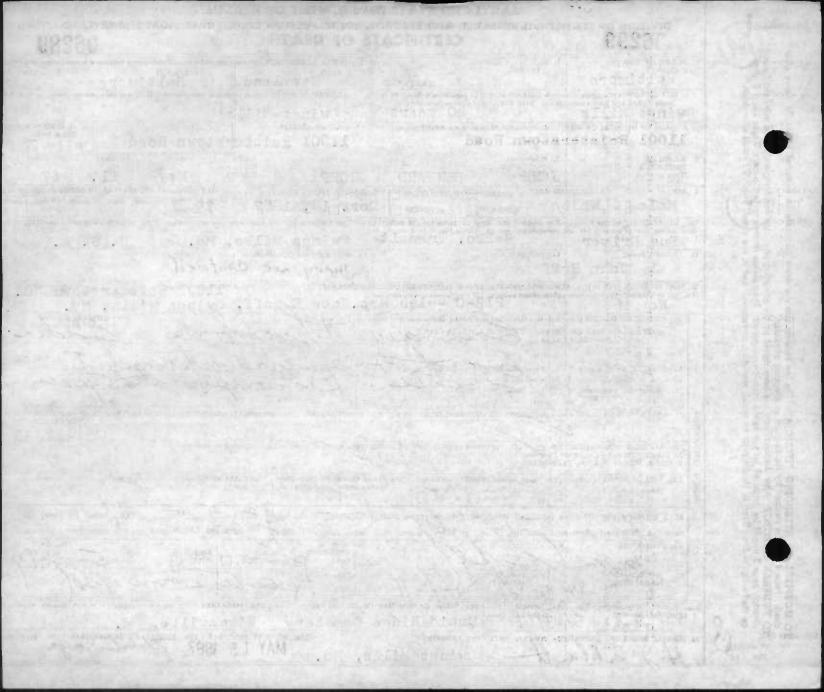
funeral in 24 hours afte death. Page 4 pe retained by the hospital or attending physician. TO HOSPITAL PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of PUNERAL DECIDE: After this certificate has been signed by the attending physician and completely ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYL	AND	STATE	DEPARTMENT	OF	HEAL

.TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3629 CERTIFICATE OF DEATH 06289

1.	PLACE OF DI	ATH		2. USUAL RESIDEN	ICE (Where de	ceased lived, If I	nstitution: Residen	ce before edmission)
E	e. COUNTY	more		e. STATE	land	b. COUNT	da 2	
-		WN (if outside corporete limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		Del.	L'Elmore	nearest town)
1	write RURA	L end give nearest town)	10				KOKAL GIIG GIVE	neerest town,
	Wings		140 years	Owings			03.1	
	d. NAME OF H	OSPITAL OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
	TIGOT	Reisterstown Ro	bad	11001 R	eister	stown I	Road	YES NO
3.	NAME OF	First	Middle	Lest	4. DATE	Month	Dey	Yeer
	(Type or print)	JOHN	BERNARD	ногг	OF DEATH	Mer	7 11	1967
K	SEX	V		DATE OF BIRTH		110	IF UNDER 1 YEAR	
3.		6. COLOR OR RACE 7. MARRI				last birthdey)	Months Days	Hours Min.
	Male	White widow	ED DIVORCED D	lov. 18, 18	887	19 yrs.		
		UPATION (Give kind of work of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Stele, or	foreign country)	12. CITIZEN C	F WHAT COUNTRY?
		river Bel	to. Transit	Owings 1	Mills.	. bM	TT.	S. A.
13	. FATHER'S NA			14. MOTHER'S MAIDEN	,	1144	1 0 •	D. A.
		John Hoff		MARY L		ntwell		
45	11/46 556516							
(A	es, no, or unkow	ED EVER IN U.S. ARMED FORCES? 16.				1100T***F	Reister	storm Rd
	No	121	13-05-9144 Mr	s.Kate E	ioff,		Mills,	
	18. CAUSE	OF DEATH [Enter only one cause per	line lor (e), (b), and (c).)	1		0	IN	TERVAL BETWEEN
	PART I.	DEATH WAS CAUSED BY:	oronau	1 hr	mo	TIME	192	SET AND DEATH
	1/2	IMMEDIATE CAUSE (e)		100	2	_	10	_
		DUE TO	4	V		20/18	· make	D
		eny, which	anno 1	asseru	000	www	co force	Ti
		he underlying DUE TO	sepse.	Dec	mes	penso	allery.	years
17	cause lest.) (c)			/		1	
Z	PART II.	THER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART 1(0)	
ATION	100000	1/						PERFORMEO?
	30+ ACCIDEN	IT WAS UNDERLYING [7] 206. DE	SCRIBE HOW INJURY OCCURED	(Entre not a disjuny in	Part I av Part I	Lefiter 10)		TES LI NO LI
CERTIFIC	OR CONTRIBU	TING CAUSE OF DEATH	J NOW INJUNT OCCURED	. (Enter abrate of Injury III	10111011011	1 01 110111 12.7		
0	(IF EITHER, NO	OTIFY MEDICAL EXAMINER)						
5	20c. TIME OF			CE OF INJURY (Home, ferrory, street, office bldg., etc		y or town)	(Couply)	(Stele)
MEDI	Hour	o.m. While wo		ory, sireer, ource bidg., eld	/			
1				1	34	L-11-	10/17	1 . (I) (- \ I .
		that (I) (this hospital) after	1 1 1 1		100			that (I) (we) last
	saw the gle	deased alive on.		death occurred at 0.	M, from	The causes a	and on the da	
	22e. SIGNAT	URE M	11 11	ATTENDING	MED.	STAFF		22b. DATE SIGNED
	1 %	acultical / tall	LOST M	211116	DIRECTOR	PHYS.	_ <	2-12-61
	22c. PHYSICI		11/1/	22d. ADDRESS	+	1-		had
10	NAME	AMES W!	2014	re	cell	es".	mi !	m 1
23	a. BURIAL CRE	MATION 23b. DATE THEREOF	1 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, tow	n or county)	(State)
13	REMOVAL (SP	ecify) = /2 0 //5						
_	Buri	81 5/13/67	Druid Ridge			esville	CONTRACTOR OF THE PARTY OF THE	
24	FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGIS	10C7	Clare B	
	4.2	Zehlandt	Owings Mill	S. Md. DATE IV	INI TP	1901	- Carres	1
-	1 11		4-2					V



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06300 CERTIFICATE OF DEATH

. PLACE OF DE	ATH				1	2 IISHAL RESIDEN	CF (Where	deceased lived, If in	stitution. B	esidence	hofore ad	mission)
a. COUNTY	Balt:	imore		MARY	LAND		aryla				0	
b. CITY OR TO write RUR	OWN (if outside co AL and give neare	orporate lin	nits,	c. LENGTH OF STAY	-	c. CITY OR TOWN (If	outside	corporate ilmits, wi	ite RURAL	and giv	e neares	t town)
Ca	tonsvill	8		38yrllmth		Baltimo	re			3	4	
d. NAME OF H	IOSPITAL OR INST	ITUTION (if	not in ho	spitai, give street a	ddress)	d. STREET ADDRESS				6	ON A F	
	GROVE S		HOSP:	ITAL		120 Nort	h Wo.	lfe Street		1		NO 🗌
B. NAME OF DECEASED		First		Middle	7.7	Last	4. DA			Oay	Yea	4
(Type or print		Samuel				offman		EI ^M HTA			19	67
male	6. COLOR OR white		ARRIED [NEVER MARRIED DIVORCED		Nov. 1899		9. AGE (In years last birthday) 67 yrs.	Months	Oays	Hours	Min.
Oa. USUAL OCCUP	ATION (Give kind o rking life, even if	f work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & S				OF WHAT	
none		retireu)	114	ואוכטע		Maryl	and			S	£	
13. FATHER'S NA	AME					14. MOTHER'S MAIC		E				
S	amuel Ho	ffman				Annie Fo	rmen					
	D EVER IN U.S. ARI			OCIALSECURITYNO	. 17.	INFORMANT		Addre	SS			
res, no, or unkown	(11 yes give war or	dates of servi	2]	19-54-3163	-1	Records: SP	RING	GROVE S	TATE	HOS	SPITA	L
			se per lin	e for (a), (b), and (c).]						RVAL BET	
PART I.	DEATH WAS CAUS	ED BY: CAUSE (a)_	Myo	cardial in	farc	tion				ONS	ET AND D	CAIN
420		OUE TO				Towns in the						SON.
	f any, which	(b)_	Arte	riosclero	tic	cardiovascu	lar	disease				
	o Immediate (OUE TO										
underlying ca		(c)_							400			
PART II. OTHE	RSIGNIFICANT CO	NDITIONSC	ONTRIBUT	TING TO DEATH BUT N	OTRELA	ED TO THE TERMINAL D	DISEASE	CONDITIONGIVEN IN	PART 1(a)	19.	WAS AU	
5										YE		NO D
20a. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING CAUSE OF COLORS	NG [] F DEATH EXAMINER)	20b. D	ESCRIBE HOW INJUR	RY OCCUI	RREO. (Enter nature of	f Injury I	n Part I or Part II o	f Item 18.)		
1	F INJURY Month,		1 20d. IN	JURY OCCURRED 12	Oe. PLAC	E OF INJURY (Home, fa	rm. 20	f. (City or town)	(Cou	nty)	(S	tate)
Hour :			While	Not While	factor	y, street, office bldg., e	tc.)			-		
-	p.m.	19	at work	at work		June 15	928	to May	23.06	7	. 26 .	-\ 1 -A
	leceased alive o	76.07	y 23	d the deceased fr	UIII.	death occurred at_		from the causes	23 ₁₉ 6			
22a. SIGNAT		11	7 63	1 9 , a	nu that		341,	from the causes	1 22b. 0			anove.
	Ste	229 1	voe or	esces-	M.O.		MED. OIRECTO		5-2	3-67	7	
22c. PHYSIC	(Tuno)					22d. ADDRESS S	To and the last		STATE		SPIT	AL
	St	lla W	achs	Ler, M.D.			Balti	more, Mar	yland	212	.28	
3a. BURIAL, CRI	nocify)	DATE THER	-	23c. NAME OF CE	METERY	OR CREMATORY		LOCATION (City, to	own or cou	inty)	(Sta	ate)
EURIA	L 3/	26/19	6/	mt.	8 RM			134270.	10			
24. FUNERAL OI	LEWIS +	Carl la	int.	GHRRISON	m	25a. REC	C'O BY R	0.0	EGISTRAR'			
JEDAN J.	Lowis F.	10, 10	0	C WK I JON	111	OATEMA	Y 2 9	1967	Mark	Boy	000	100

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cardon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

			OERTH TOATT	E OI DEATH	•	110291
1	a. CDUNTY				CE (Where deceased lived, If institu	tion: Residence before admission)
	Baltimo	re	MARYLAND	a. STATE Mar	yland b. CDUNTY	Baltimore
	b. CITY DR TDWN (if outside c	orporate limits.	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (II	outside corporate limits, write i	
	write RURAL and give neare Rodgers	s Forge		Bal	ltimore	12.1
	d. NAME OF HOSPITAL DR INST		spital, give street address)	d. STREET ADDRESS	02.11020	e. IS RESIDENCE
	37 Dunl	kirk Road		37	Dunkirk Road	ON A FARM?
-3	. NAME OF	First	Middle	Last	4. DATE Month	Day Year
1	(Type or print) CHA	ARLOTTE T	. HOGAN		DEATH May 27	. 19 67
5	SEX 6. CDLDR DR			B. DATE OF BIRTH	19 AGE (In years LIE)	INDER 1 YEAR HE LINDER 24 HRS
	Female White	WIDDWED	DIVDRCED 1	November 8	last birthday) Mo	nths Days Hours Min.
1	Oa. USUAL DCCUPATION (Give kind o	f work done 10b. Kit	ND DF BUSINESS DR			12. CITIZEN OF WHAT
0	uring most of working life, even if Housewife		dustry Home	Baltim	ore, Maryland	U.S.A.
1	13. FATHER'S NAME			14. MOTHER'S MAIL		0.0.8.
	Charles Rebs	stock		Charlo	tte	
	15. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Address	
1	Yes, no, or unkown) (If yes give war o		9-07-8044 Mr	aa Mamia	II Total	C
=	1 18. CAUSE DF DEATH [Enter of			s. Marie	H. LaFleur	Same
	PART I. DEATH WAS CAUS	SED BY:	Known Hea	1 hours		DNSET AND DEATH
	IMMEDIATE	CAUSE (a)	unary low	w rusur		Lyna
	Conditions, If any, which	DUE TD	balenser	214 110		1/196
1	gave rise to immediate	(b)	/// aponomin	C parane		10 /2
	cause (a), stating the underlying cause last.	DUE TD	Dubite Un	lutes		1692
FILATION	PART II. DTHER SIGNIFICANT CD	NDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
875		Meeted	curcinsum of	lys crom.		YES ND
I di	DR CONTRIBUTING CAUSE OF	ING 20b. DE	ESCRIBE HOW INJURY DÉCU	RRED. (Enter nature of	f Injury in Part I or Part II of It	em 18.)
1			HIDY DOOLIDDED 1000 DIA	OF DE INITIDY (Home for	005 (014) 1	(County) (State)
MEDICAL	20c. TIME DF INJURY Month Hour a.m.	While		CE DF INJURY (Home, fa ry, street, office bldg., e		(County) (State)
2		19 at work	at work			
			d the deceased from			19 47, that (I) (we) last
		on /// 1444 /	1967, and that	death occurred at_	M, from the causes and	
	22a. SIGNATURE	64 6		ATTENDING	MED. STAFF	2b. DATE SIGNED
	22c. PHYSICIAN'S	The	M.D	. PHYS. L	DIRECTOR PHYS.	
	NAME (Type) Dr.	E.P. Coff	fay, Jr.	3100 St	. Paul St. Ba	ltimore
2	3a. BURIAL, CREMATION, 23b. REMDVAL (Specify)	DATE THEREDF	23c. NAME DF CEMETERY	DR CREMATDRY	23d. LOCATION (City, town	or county) (State)
1	Burial 5-	31-67	New Cathed	lra]	Baltimore	, Maryland
1	24. FUNERAL DIRECTOR	0 2 2 2 2	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RECIS	TRAR'S SIGNATURE
	Mitchell-Wiede	reld Home	e, Inc.	DATE	1 1301	

VR AI5 (4) 20M I/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	6	3	0	2

CERTIFICATE OF DEATH

0	0	0	0	Ch	
U	0	20	3	2	

		PLACE OF DEATH						(Where de	ceased lived, if institu		ce before	adm issia	n)/
		o. COUNTY Ba	ltimore		MA	RYLAND	o. STATE Mar	yland	b. (OU	Pr.	Geor	ge's	
		b. CITY OR TOWN (If autside carparate limit agive nearest tawn)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	putside cor	parate limits, write RU	IRAL and give	nearest	tawn)	
		Catonsv	ille		7 month	3	MYXXXXX	COX	MEXYXAMI	Y .	16	.2	
in		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)		d. STREET ADDRESS				e.	IS RESID ON A FA	ENCE PM2
		Spring G	rove State	Hospit	al		6109 85t1	n Pla	ce				NO X
		NAME OF DECEASED	F	rs1	Middle		Last	4. DAT			Day	Yea	
		(Type or print)		garet	Cora		lson	DEA			24	19 (
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months 1	Days	Hours Hours	24 HRS. Min.
		'emale	White	WIDOWED		ED .		1910	57 yrs.				
		. USUAL OCCUPATION ing most of working	(Give kind of work dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coun	ty & State, o	r fareign country)		IZEN OF V	WHAT	
3	K	etired d	ales Clerk	De	ot. Store		Washing		.C.		.A.		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		ernon Ha					Mary King	7					
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? ((If yes give war ar dates	of service) 16. S	SOCIAL SECURITY NO.	Ra	rbara A. Pe	1 40	6109 85th	ess Dlag			
	W.		None		77-01-552	6 Re	cordsxxxxxx	CLOSC	dicovered tail	techos		2	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: FALL UPE										VAL BETV T AND DE	
	H221 DUE TO												
		Canditions, if any		(b) ARTE	RIDSC. LO	EROT	10 CARDID	VASC	VLAR DIS	EASE			
		rise ta immediat	e cause (a),	(-/	3			V 114					
		stating the unde	rlying couse		10 SCLER	0515	GENERAL	.12E.	DANDSEL	VERE			
		PART II. OTHER SI	GNIFICANT CONDITIONS								19. V	VAS AUTO	PSY
2	CERTIFICATION										YES		D?
	TIFICA	20a. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury i	n Part I or	Part II of item 1B.)				E31
	CER		CAUSE OF DEATH MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year		JURY OCCURRED		E OF INJURY (Hame, fa		f. (City or town)	(Cou	inty)	(5	itate)
	MEI	Haur a.r p.r	10	While at work	Nat While] toch	ary, street, affice bldg., et	c.)					
		21. 1 certi	fy that (IX (this ha	spital) attend	ded the decease	d fram	Oct. 27		nto MAY	24, 196	7, tha	t (t)c(v	ve) last
		saw the d	eceased alive an_	MAY	24 19 67,	and tha	t death accurred o	16:33	M, from causes	and an th	ne date	stated	abave.
		22a. SIGNATURE	11.	11	. 11.		ATTENDING	MED.	STAFF C	1 - 00	ATE SIGNED		
			/// rus	. 101	uce	M.I). PHYS.	DIRECTO	R L PHYS. L		14 24		
1		22c. PHYSICIAN'S NAME (Type		15 A	TEILLER	MD	22d. ADDRESS - Baltir	Spr.	ing Grove Maryland	State 21228	Hos	pita	1
		BURIAL, CREMATIC		EREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d.	LOCATION (City or To	wn)	(County)	(St	ate)
0	BI	REMOVAL (Specify	11119 -1	, 1967		ncoln	Cemetery		Prince Geo	rges (20.	Md.	
1	94	HNERAB DIRECTS	10 100	BHon 8	1434 George	gia A		C'D BY REG	4007	EGISTRAR'S SI	GNATURE	de	
9	W	arner ¿.	fumphrey,	Inc.	ilver Sp.		Md. DATEM	17 26	1301		0	U	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 2 hours after death

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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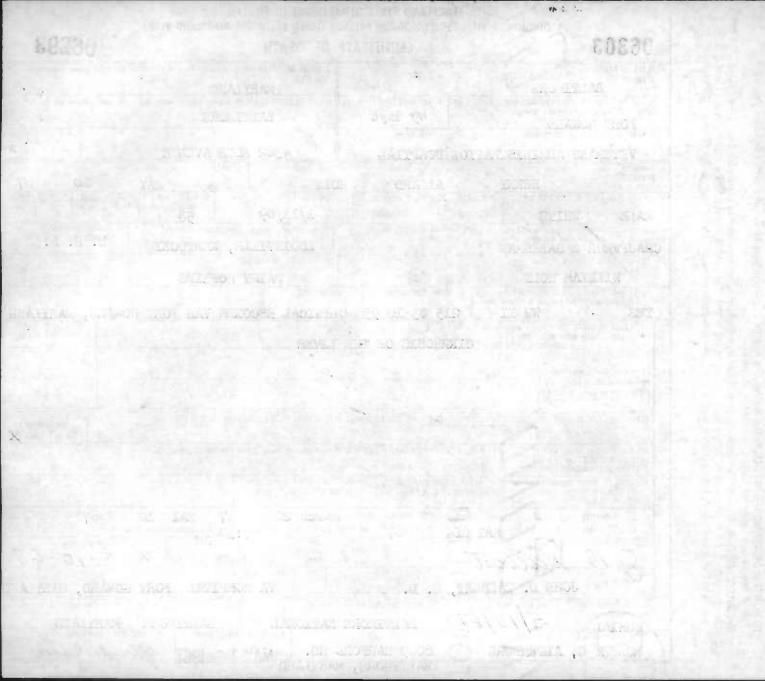
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00	200			CERTI	FICATE	OF DEATH			UU	, WJU	1
1. PLACE						2. USUAL RESIDENCE (Where deceosed li			re odmissio	on)
o. COUN		TIMORE		MA	RYLAND	o. STATE	YLAND	b. COUNTY	-		/
	OR TOWN (If	outside corporate limit	s,	c. LENGTH OF STAY		c. CITY OR TOWN (If or		nits, write RURA	L ond give neore	st town)	
	ORT HO	ive nearest town)		49 day	s	BAI	TIMORE		20.4		
		OR INSTITUTION (If no	ot in hospital, g	give street oddress)		d. STREET ADDRESS				e IS RESID	ENCE
V	ETERAN	S ADMINIST	PRATTON	HOSPTTAT		4302	KOLB AVE	INTE		ON A FA	NO A
3. NAME	OF		rst	Middle		Lost	4. DATE	Month	Do	y Yea	or a
(Type o		HENRY		ALLARD	H	OLT	OF DEATH	MAY	10) 19	67
S. SEX	(. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED E	B. DATE OF BIRTH			IF UNDER 1 YEAR Months Doys		
MAL	E	WHITE	WIDOWED	DIVORCE	ED 🔲	1/11/09		8 yrs.	Months Doys	Hours	Min.
		Give kind of work done o, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZEN O	F WHAT	
CHAU	FFEUR	& SALESMAN		DOSIKI		LOUISVIL	LE, KENT	UCKY	COUNTRY	5. A.	
13. FATHER	R'S NAME		Carlo			14. MOTHER'S MAIDEN	NAME				
	WILLE	AM HOLT				DAIS	Y HOPKIN	IS			
15. WAS D	ECEASED EVER I	N U.S. ARMED FORCES? yes give wor or dotes of	16. S	SOCIAL SECURITY NO.	17. 1	NFORMANT	VIVIO O	Address			
YES		WW I		15 03 10	95 C	LINICAL REC	ORDS VAN	FORT F	IOWARD	MARYI	AND
		H (Enter only one cou							1N	TERVAL BETY	WEEN
	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	(o) CIR	RHOSIS OF	THE	LIVER			01	NSET AND D	EATH
	5810	DUE	TO								
	tions, if ony, w immediate o		(b)	•							
	g the underly		TO								
last.)	(c)								
PART	II. OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RI	ELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN	PART 1(o)		PERFORME YES T	OPSY ED? NO
OR CO		CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II o	f item 1B.)			
		Month, Doy, Yeor	1 20d IN	JURY OCCURRED	200 PLAC	E OF INJURY (Home, forn	n. 20f. (Cit	ty or town)	(County)		Stote)
WEDICAL 20c. I	Hour o.m.	19	While of work	Not While		ory, street, office bldg., etc.		y or lown,	(coomy)	(-	siore;
21	1. I certify	that (I) (this has	pital) attend	led the deceased	d fram	Warch 22	19 67, to N	AY 10	_, 19_671	hat (I) (v	we) las
1		eased alive an_	MAY 10	19_67,	and that	death accurred at	7:30 M, fro	am causes ar	nd an the da	te stated	abave
220.	SIGNATURE	Sull	it		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN		57
226	HYSICIAN'S	- au				22d. ADDRESS					
		JOHN D. T	ALBERT,	M. D.		VA	HOSPITAL	FORT	HOWARD.	MARY	LAN
	AL, CREMATION,			23c. NAME OF CEA	METERY OR (ON (City or Town			tote)
	OVAL (Specify)	5/1:	2/67	BALTI	MORE	NATIONAL		TIMORE	MARYIA	AND	
24. FÜNE	RAL DIRECTOR		1	ADDRESS	A STATE OF THE STA		D BY REGISTRAR		STRAR'S SIGNATU		
RC	BERT C	. ALTENBU	RG	6009 HA	RFORD	RD. DAMAA	V 1 F 400	07/	incla.	das	,

BALTIMORE, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

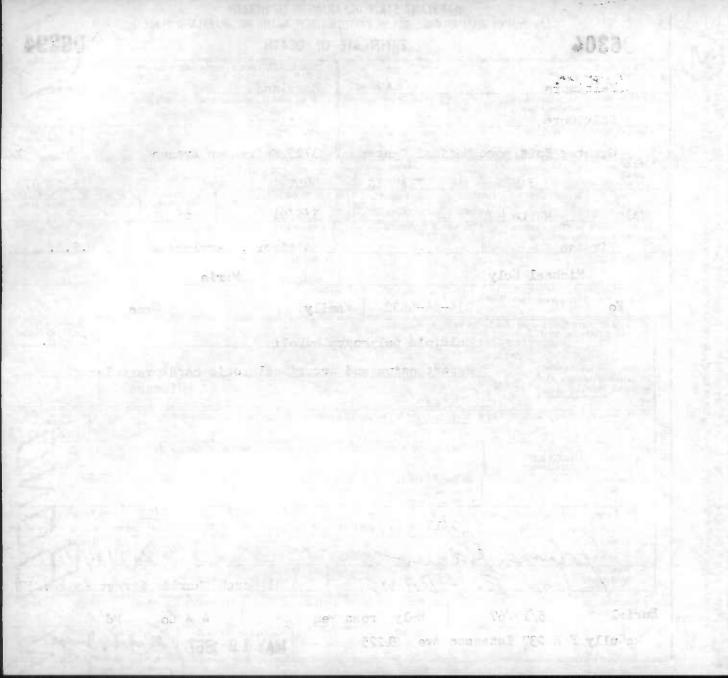
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CERTIFICATE OF DEATH

												-
	. PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece			nce befar	e admissi	on)
	a. COUNTY	timore		MARYL	AND	o. STATE Maryland		b. COL	_	1.4.1.		-
1	b CITY OR TOWN	If outside carparate limit		c. LENGTH OF STAY IN		c CITY OR TOWN (If	autside carna	rate limits write Pl		ltim		-
	write RURAL an	d give nearest tawn)	,	C. CENOTI OF STAT III	10	c. citi ok towa (ii t	autside curpo	rule minis, wille K	KAL UNU GIV	e lieules	i iuwiij	
_		timore				Baltimor	e			20.4		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, g	ive street address)		d. STREET ADDRESS		1	ON A F			
1	Gre	ater Baltim	ore Med	lical Cente	r	3725 Fai	rhave	n Avenue		,		NO T
	NAME OF		rst	Middle		Last	4. DATE		ith	Day	Ye	ar
	(Type or print)	JAME	S	FRANCIS		HOLY	OF DEAT	u 6		15	19	67
1	S. SEX	6. COLOR OR RACE	1	NEVER MARRIED		B. DATE OF BIRTH	, DEAT	9. AGE (In years	IF UNDER	and and	IF UNDER	
	16.1	***	WIDOWED	DIVORCED	H			lost birthday)	Months	Days	Hours	Min.
1	Male	White ViGive kind of work done				3/5/01		66 yrs.	1 10 6	TITEN OF	NAME OF TAXABLE PARTY.	
	luring mast af warking			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count	γ & Stote, or i	areign country)		TIZEN OF DUNTRY?	WHAI	
	Fire	eman				Baltimor	e, Ma	ryland		U.S	.A.	
Т	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		ALC: Y			
		Michael Ho	ly		4 - 1	Nocar	Mar:	ie		10		
	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress			
	(Yes, no, ar unknawn)	(If yes give wor or dotes	of service) 214	-44-6632	F	mily		Se	me			
F					1	anary .			MINO	I INTE	DVAL DET	TAIFFAL
		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple pulmopary emboli Multiple pulmopary emboli										
	1142	11.01										
1	1/3/	Conditions, if ony, which gave) (b) Hypertensive and arteriosclerotic cardiovascular										
	rise to immedia	e couse (a)		ertensive	and	arterioscl	erotio	cardiov	ascul	ar		- 1
	stoting the unde		TO					disea	se			
	last.)	(c)									
	PART II. OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	ONDITION GIV	VEN IN PART I(a)		19.	WAS AUT	OPSY
1 2	20o. ACCIDENT WA									Y	PERFORM ES K	NO 🗆
100	20o. ACCIDENT WA	SUNDERLYING	20h DE	SCRIBE HOW INJURY OCC	TIRRED /	Enter nature of injury in	Port Lor Pr	ort II of item 18)		110	2 42	жо <u>П</u>
107	OR CONTRIBUTING	CAUSE OF DEATH	200. 01.	CKIDE HOTT INJOKT OCC	OKKLD.	ciner notote of injury in	110111011	on it of them to.)				
- 115	I (IF EIIITEK, NUIIFI	MEDICAL EXAMINER)						101				
1	20c. TIME OF INJ Hour a.	JRY Manth, Day, Yeor	20d. IN While	JURY OCCURRED Not While		E OF INJURY (Home, fai ory, street, office bldg., et		(City or town)	((0	unty)		(Stote)
12	р.	10	at work		1000	, , sireer, office blug., el	.,					
	21. I certi	fy that (I) (this has	pital) attend	led the deceased f	ram	5/8	1967	to 5/1	5_, 19	67. th	at (1) (we) las
Т		eceased alive an_	5	/15_19_67, at	nd that	death accurred a	16 P	M, from causes	ond on t	he dote	e stated	above
	22a. SIGNATURE	11 4	1					1		ATE SIGN		
		fortun ?	, Stop	0.11	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	XINI	1.1	1611	19/5
	22c. PHYSICIAN	7	1400	gur		22d. ADDRESS	DIRECTOR	- 11113	1/1/	74	11	19/
1	NAME (Type	LINHN	F. A	HDAM=	5	6701	North	Charles	Street	r Ba	1to	2120
=	3a. BURIAL, CREMATI	ON, 23b. DATE TH	EDEOE	23c. NAME OF CEMET	EDV OD (77		
1	BREMOVA Specify	5/19/					230. 1	OCATION (City or T		(County)	(2	tate)
)		2/2//	07	Holy Cr	088			A A Co	Md			- 11
	24. FUNERAL DIRECTO	F H 237 P	atapsco	Ave 21 22	5		D BY REGIS	967 25b	EGISTRAR'S	GNATUR	del	
			7		-	- BAA	1 77	an X		1 1	A	

executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



refilled in by the funeral in adpers. Pages I and 2 ithin 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove core should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00300	RANDALLS	town CERTIFICA	TE OF DEATH		06295
	PLACE OF DEATH			, 2. USUAL RESIDENCE (WH	nere deceosed lived, if institution: Re	esidence before admission)
			ounty Hospita	1 ARE	HAND b. COUNTY	Saltimore.
	b. CITY OR TOWN (I	If outside corporate limits,	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If out	de corporate limits, write RURAL on	d give neorest town)
	Kanda.	11stown. 11	nd. 10 MIN.	13A/4in	10RE 03.1	21207
	d. NAME OF HOSPIT	AL OR INSTITUTION (If nat in I		d. STREET ADDRESS		e. IS RESIDENCE
(BALTIMO	RE GENERA	AL COUNTY HUS	D 3410-A	Courtleigh	DR. YES NO NO
	NAME OF DECEASED	First	Middle	// Lost	4. DATE Manth	Day Year
11	(Type ar print)	Paul	/	tomoki	OF DEATH MAY	8 1967
S.	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HAS.
	M		IDOWED DIVORCED	Jany 6, 1930	last birthday) Mon	
	. USUAL OCCUPATION ing mast af working	I (Give kind of work done Life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (County &	Stote, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
10	Elec N	Jeagner		Hungan		USa
13.	FATHER'S NAME	0		14. MOTHER'S MAIDEN NA	IME .	
		س		Dranch		
IS.		R IN U.S. ARMED FORCES? ((If yes give war or dates of serv		17. INFORMANT	Address	
1	NO	10. 10. 31.01.01	1217-46-4082	Verone a Hon	rolli Si	~ ~ ·
	18. CAUSE OF DE	ATH (Enter only ane cause pe	r line for (o), (b), and (c).)		> 0 -	INTERVAL BETWEEN
H	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ACUTY MYO	CARDIAL	Ly Lovet	ONSET AND DEATH
	40	DUE TO			0	
	Canditians, if any,	, which gave) (b)	= (QIZ DIAC	ARREST	三	
	rise to immediat	e couse (o),				
	stating the under	riying cause (c)	HASCVD			NAME OF TAXABLE PARTY.
	PART II. OTHER SH	GNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION						PERFORMED?
A I	20a. ACCIDENT WAS	CHNDEDIVING T	20b. DESCRIBE HOW INJURY OCCURR	PED (Enter nature of injury in Po	art Lar Part II of item 18)	112 110 12
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	209. DESCRIBE HOW INJURY OCCUR	LED. (Einer nature of injury in ro	ii i ur ruii ir ui nem 10.)	
AL C		MEDICAL EXAMINER)			I and the second	
EDIC	20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
Σ	p.n	10	at wark at wark	toctory, shoot, arrico brag., otc.,		
	21. I certif	fy that (I) (this haspital	I) attended the deceased fram	1 5-8- ,19	67 to 5-8-	19 <u>6</u> 7, that (I) (we) last
H	saw the de	eceased alive an	2-8- 1967, and	that death accurred at 🚣	AM, fram causes and	an the date stated above.
	220. SIGNATURE			ATTENDING N	MED. STAFF 25	2b. DATE SIGNED
	Co	nov Velle	Lover		IRECTOR PHYS.	5-8-67
	22c. PHYSICIAN'S	CESAR VAL	100000000000000000000000000000000000000	22d. ADDRESS		
	NAME (Type)	CESAIL VAL	LE CAUERO			
230	. BURIAL, CREMATIC		23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (Styte)
0	REMOVAL (Specify	may 8. 4	967 Clevra al	haves classo	Kandellati	m mal
24	. FUNERAL DIRECTO	R	ADDRESS	2Sa. REC'D I	BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
5	ybran 5	Leur & Son	, INC Gamons	DATEMAY	10 1967 /	wes Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

AND 21201

Divisian	of STATISTICAL	RESEARCH A	ND RECORDS,	301 W	. PRESTON	STREET, BAL	TIMORE,	MARYI
06306			CERTIFICA	TE O	F DEAT	Н		

27 H)		0630	6		CERTIFI	CATE	OF DEATH			(6296)
	-31		PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece			fore odmission	1)
ond completely filled in by the funerol remove corban popers. Pages 1 ond in ony event, within 72 haurs after deaf			o. COUNTY	Baltimore		MARYL	AND	o. STATE Mary	land	b. COU		imore	
iges aft				outside corporate limits give nearest town)	,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If	outside corpo	rote limits, write RU	IRAL ond give ned	rest town)	
by Po aur			Catons	ville		2yrs 11 mc		days) Lan	sdown	e, Maryla	nd21227	13.1	
d in 72 h	124			L OR INSTITUTION (If no				d. STREET ADDRESS	7 - A.			e. IS RESIDI	RM?
Popular	90			in the Pin				242 Cly					NO X
ban	-	1	NAME OF DECEASED	Fi		Middle		Lost	4. DATE OF			oy Year	
cor	T		Type or print)	6. COLOR OR RACE	7. MARRIED	Hopkins NEVER MARRIED		DATE OF BIRTH	DEAT	9. AGE (In years	May 27		
com y ey	A.		Female	White	WIDOWED	DIVORCED		ne 14, 18	77	lost birthdoy)	Months Do		Min.
sicion ond coplease remo		100	USUAL OCCUPATION	(Give kind of work done	10b. KIN	D OF BUSINESS OR	42.10	11. BIRTHPLACE (Count			12. CITIZEN	OF WHAT	
ase nd i		duri	ng most of working I	ite, even if retired)	OWY	oustry n home		Carroll C	ounty	. Md.	COUNTR	Y?'	
ysici ple ol, a		Marie Communication of the last of the las	FATHER'S NAME					14. MOTHER'S MAIDEN					
hen hen				Augustus	Selby				Mary	Ridgely			
signed by the attending physicion burial-transit permit. Then please burial, cremotion, or removol, and is				R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. IN	FORMANT	Caton	sville, Addr	ess Md. 2:	1228	
attendir permit.		1	No	()		None	Mrs	Frank J.					2
the carrie			18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY:				0-17				ONSET AND DE	
by trans			4221	IMMEDIATE CAUSE	101	ongestive l	neart	Iallure				1 140.	
signed by the burial-transit purial, cremoti			Conditions, if ony,	DUE which gove)		rterosclere	otio	C V D Max	eked.	generalis	hes		
			rise to immediate	couse (o),		reroscier	JOTO	O V Do Mad	Rous	generati	304		
os been as the prior to			stating the under	lying coose	(c)								30
os b as pric	-	2	PART II. OTHER SIG	INIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO TH	E TERMINAL DISEASE CO	ONDITION GI	VEN IN PART I(o)		19. WAS AUTO PERFORME	PSY D2
use alth	d	CATIO		Pneur		left lower			27				NO K
fre		CERTIFICATION	OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Port I or P	ort II of item 18.)			
cert cert hed pt. o			(IF EITHER, NOTIFY	MEDICAL EXAMINER)	201.00	luny occupant		as where the T	1 00/	(6)	16	/5	
this eto De		MEDICAL	20c. TIME OF INJU Hour o.m		While	Not While		OF INJURY (Home, for y, street, office bldg., et		(City or town)	(County)	(2	itote)
fter se d		~	p.n		ot work	ot work		6/13/64	19	to_5/27/6	7 10	that (1) (ua) Jac
A: A				y that (1) (this has	5/11/6	7 la a		death accurred o	12:10A	M. fram causes	and on the	late stated	abave
Shout Hi			220. SIGNATURE		11	7	11				22b. DATE S		
e 3 w b				Nales		Deric	MA	ATTENDING PHYS.	MED. DIRECTOR	☐ STAFF PHYS. □	3 5/29	(67	
pod e file			22c. PHYSICIAN' NAME (Type)	Uom	T	Levickas		22d. ADDRESS	dan (1)	haina Tau	- D-74-	1229	
To to	/						20V 00 40			hoice Lan			
for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to	RP	230	REMOVAL (Specify)	N, 23b. DATE THI May 29		23c. NAME OF CEMET				LOCATION (City or To		,,	ote)
=	R.	24	Burial FUNERAL DIRECTOR	ray 29		ADDRESS		Cemetery 250. REC	'D BY REGIS	oward Cou	EGISTRAR'S SIGNA	TÜRE	
VR A15 (4) 20 M 1/66	1	K	aston.	Culledas	2 Hom	2 Catons	ille	Md. DATE	MAY 3	1 1967	Jelianle	& Judg	ie.

0.00

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06307	CERTIFICA	ATE OF	DEATH			0	6297	
	(LACE OF DEATH . COUNTY Baltimore County	MARYLAND	0.5	JAL RESIDENCE (N	Where deceosed liv	ved, if institution b. COUNT			
		. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson	c. LENGTH OF STAY IN 16	o R	DERW	otside corporate lin	nits, write RURA	AL ond give neo		
		. NAME OF HOSPITAL OR INSTITUTION (If not in hos Mount Wilson State			eet address	LLOW	AVE		e IS RESIDENCE ON A FARM? YES NO	
	(IAME OF First ECEASED Type or print) JAMES	PINDELL		WARD	4. DATE OF DEATH	Month	11	Year 1967	
	5. 5	M W WID	OWED DIVORCED	6	1	Z los	2 yrs.	Months Doy	s Hours Mi	
(Jurin /=	USUAL OCCUPATION (Give kind of work done on most of working life, even if refired) FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY ACRIC GLTCKEE		RTHPLACE (County M. D.C. & OTHER'S MAIDEN		country)	12. CITIZEN COUNTR	Y?	
		FRANK HOWARD	16. SOCIAL SECURITY NO.		MMA	11.	Address			
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give war or dates of service	216-05-2101			unt Wi		tate	Hospita	
		18. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove nise to immediate couse (a), DUE TO DUE TO	CEREBRAL			/			MONTHS	
		storing the underlying couse (c) ACTERIO SCLEROTIC CARDIO VASCUCAR DISCASS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
	MEDICAL CERTIFICATION	ABDOMINAL AGR 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIC ANTURYS 206. DESCRIBE HOW INJURY OCCURR		oture of injury in	Port I or Port II o	f item 18.)		PERFORMED? YES NO	
	MEDICAL	Hour o.m.	20d. INJURY OCCURRED 20e. While Not While of work	PLACE OF IN foctory, street	JURY (Home, forn t, office bldg., etc.	n, 20f. (Cit	y or town)	(County)	(Stote)	
		30W THE detedsed drive dit	attended the deceased fran 1967, and		accurred at	0820M, fr	om causes a	ind on the d		
		220. SIGNATURE 22c. PHYSICIAN'S Wm\AME (VE)wcomer, M.D.		M.D. PHY	d. ADDRESS	MED. DIRECTOR Wilson	STAFF PHYS.	22b. DATE SI	14/67	
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY 1967 Jessebs Co				ON (City or Tow		nty) (Stote)	
1	24.	FUNERAL DIRECTOR	ADDRESS	- /	2So. REC'	BY REGISTRAR		ISTRACE SIGNA	TURE Judge	

COSO TO STANFARE OF DEATH The first of the state of the s THE PROPERTY OF THE PARTY OF TH THE RESIDENCE OF THE PROPERTY

and 2 death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06308	3 Ttems	#6 % O H	CERTIFICA	TE, OF, DE	ATH			06298
1. PLACE DF DEATH	1			2. USUAL RES		L COUNT		ence before admission)
BAITIN	DORE		MARYLAND		MARYLA	NO	DAL	TIMORE
write RURAL	N (if outside corporate and give nearest town)	limits, c. Li	ENGTH OF STAY IN 1	0	-		e RURAL and	give nearest town)
CATONS					ONS VIII	6	6 9	- / DEGLESHOE
1000	SPITAL OR INSTITUTION	(if not in nospital	I, give street addres			77 2	-	e. IS RESIDENCE ON A FARM?
103 PM	ARK DRI	VE		103	PARK	DRIVE		YES NO
3. NAME OF DECEASED (Type or print)	JAMES S	G.	Middle	HOWE!	4. DATE OF DEATH	Month 5	2-	Pay Year 1967
5. SEX	6. COLOR OR RACE 7	MARRIED N	IEVER MARRIED	8. DATE OF BIR	. /			AR IF UNDER 24 HRS.
M	CAU	WIDOWED [DIVORCED	AUG. 7	1899 0	A Styrs.	Months Day	
IDa. USUAL OCCUPAT during most of worki	IDN (Give kind of work doing life, even if retired)	ne IDb. KIND OI	F BUSINESS DR RY	11. BIRTHPLA	CE (County & State	, or foreign country)	12. CITIZI	EN OF WHAT
DOCTOR		ME	DICINE	Alter	NA , IE	NN-	1 0,3	5.H-
13. FATHER'S NAM				14. MOTHER'S	MAIDEN NAME			
and the second s	TE A.			MARC	SPRET	CONI	DRIN	
(Yes, no, or unkown)	VER IN U.S. ARMED FDRO (If yes give war or dates of s	SES? 16. SOCIA	LSECURITYNO. 1	. INFORMANT	11	Address	2 ./	
YES				MRS. HO	WELL	103	PARK	DRIVE
	DEATH [Enter only one	cause per line for	(a), (b), and (c).]					NTERVAL BETWEEN DNSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	META	STATIC	CARC	INOMA			GHOS.
1631	DUE TO	000						
Conditions, If		DRONG	CHOGENIC	, CARCI	NOMA			6HOS_
gave rise to cause (a), st		0						
underlying caus		:)		and the second				
PART II. OTHERS	IGNIFICANT CONDITION	SCONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	IINAL DISEASE CON	DITION GIVEN IN P	ART 1(a) 1	19. WAS AUTOPSY PERFORMED?
ICAI	NONE							YES NO
PART II. OTHER S 2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING D NG D CAUSE OF DEATH IFY MEDICAL EXAMINE	2Db. DESCR	IBE HOW INJURY OC	CURRED. (Enter na	ture of injury in P	art I or Part II of	Item 18.)	
3 20c. TIME DF I	NJURY Month, Day, Ye	ar 2Dd. INJURY		LACE OF INJURY (He		(City or town)	(County)) (State)
20c. TIME DF I Hour a.m			lot While at work	ctory, street, office b	ilag., etc.)			
21. I certify	y that (I) (this hospit	al) attended the	e deceased from_	DEC 6	, 1966, to	MAY 24	, 19 67,	that (I) (web last
saw the dec	ceased alive on M/	¥ 24	_19_67_, and tl	nat death occurre	d at 7:40/4-M, fr	om the causes a	nd on the d	date stated above.
22a. SIGNATUR	20 31	n D		ATTENDING	MED.	STAFF	22b. DATE	SIGNED
	ann H.	kicky			DIRECTOR L	PHYS.	5/2	2467
22c. PHYSICIA NAME (Ty		- TUOH	ly, M.D.	22d. ADDR	4 GNES	HOSP, Z	BALTO	2122940
23a. BURIAL, CREM REMDVAL (Spe	ATION, 23b. DATE TH	EREOF 23c.	. NAME OF CEMETE	RY OR CREMATORY	23d. LC	CATION (City, tow	n or county	(State)
BURIE	1 5/271	167 0	10 TRIN	144	Cho	reat CI	REEK	MO
24. FUNERAL DIRE	CTOR	,	ADDRESS	258		AR!	SISTRAR'S SI	IGNATURE
FARIEY-	(AUANAUS	h 6	601 FRE	DERICK DA	MAY 29	1967	arces	Judge

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MAKILAND STATE DEPARTMENT	OF REALIT
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201

		0630	3		CERTI	FICATE	OF DEATH				06299		
	1.	PLACE OF DEATH o. COUNTY BA	LTIMORE		MAF	RYLAND	2. USUAL RESIDENCE (V a. STATE MARY:		d lived, if institut b. COU	ian: Residence NTY	befare admiss	sian)	
		b. CITY OR TOWN (I	outside corporate limit give nearest tawn)	5,	C. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			RAL ond give r	nearest tawn)		
		FORT HO	VARD		113 DAYS		BALT	IMORE			204		
05	7	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gi			ive street address)		d. STREET ADDRESS				e IS RES	IDENCE FARM?	
V	L	VETERAN	S ADMINIST	RATION	HOSPITAL	200	1225 W. BA	LTIMOR	E STREE	r	YES _	NACK	
TRGTNTA	3.	NAME OF DECEASED (Type or print)	Fi JA M		Middle LLOY	D	HUDSON	4. DATE OF DEATH	Mon	2	24 196	ear /5/	
THE RE	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH	9.	AGE (In years last birthdoy)	Months C	EAR IF UND	ER 24 HRS.	
-		MALE	NEGRO	WIDOWED	DIVORCI	ED 🔲	AUGUST 12,1		Of Yrs.			MIH.	
GREEN.	100 du	TABORER FATHER'S NAME	(Give kind af wark dane ife, even if retired) HUDSON		ND OF BUSINESS OR DUSTRY STRUCTION	I	11. BIRTHPLACE (County of CAROLINE 14. MOTHER'S MAIDEN MAUDE	COUNT	Y, VIRG	INIA COUN	EN OF WHAT	Α	
BOWT.TWG	IS (Y	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of WW II	f service)	OCIAL SECURITY NO. 8 07 56 5		INTORMANT LIN. RECORDS,		Addr		WARD, 1	D.	
HOME.			which gove e cause (a),	(c) CHRON	IC PULMON		EMPHYSEMA WI DSIS, FAR AD				INTERVAL B ONSET AND JRE U	TKNOWI	
FINERAT.	FICATION	PART II. OTHER SIG	UIMONALE	ONTRIBUTING T	O DEATH BUT NOT RE	ELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(a)		19 WAS AU PERFOR	TOPSY MED? X NOXX	
		20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in I	Part I ar Part	II af item 1B.)	100			
EDWARDS	MEDICAL	20c. TIME OF INJU Haur a.m	1.0	20d. IN While of wark	JURY OCCURRED Nat While at work		CE OF INJURY (Home, farm tary, street, office bldg., etc.)		(City or town)	(Caun	(Y)	(State)	
E.		saw the de	y that (1) (this has	pital) attend 5/24/6	ed the deceased	fram and tha	1/31/67 , t t death accurred as	3:00P M,	5/24/6 fram causes	and an the		(we) last ed abave.	
ď		220. SIGNATURE	/cher	/m	wan	M.I	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	25/67		
100		22c. PHYSICIAN'S NAME (Type)	PETER V.	JUVAN,	M. D.		22d. ADDRESS VAH FORT			LAND			
ПТРРЕП	23	BURIAL, CREMATION REMOVAL (Specify)	5-28	REOF 2-67	23c. NAME OF CEA	PEMES!	ERY	SF	ATION (City or To	IRGINI	A	(State)	
d I H	2	4. FUNERAL DIRECTO	2		ELROY O W	ILSO	N FUNERAL HO	MEMAY	2 6 196	GISTRARY COME	HATURECO	Judg	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

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Year of Allega and the State of
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MA.		06310	CERTIFICATE	OF DEATH		06300
funeral I and er death	1.	PLACE OF DEATH a_COUNTY Baltimore County	MARYLAND	- CTATE 3 1	deceosed lived, if institution: Resident b. COUNTY W	ice before admission)
that the death certificate be executed within 24 haurs after in. by the attending physician and cappietely filled in by the fur ansit permit. Then please remove carbon papers. Pages I remation, ar remaval, and in any event, within 72 hours after		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Mount Wilson	2 LENGTH OF STAY IN 16	Bishor	orparate limits, write RURAL and give	13.2
filled in papers. hin 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in In Mount Wilson State	e Hospital	d. STREET ADDRESS	RFD.	e. IS RESIDENCE ON A FARM? YES NO
cappletely for carbon events with		NAME OF DECEASED (Type or print) WALTER (Type or print) SEX. 6. COLOR OR RACE 7. M	MARRIED TO NEVER MARRIED TO B	HID CAN C	PATE Month FEATH 9. AGE (In yeors IF UNDER)	Doy Year 19 67.
and camere remove			MARRIED V NEVER MARRIED B //IDOWED DIVORCED DIVORCED DIVORCED	11.22.1915	5 dast birthday) Manths Yrs.	Days Hours Min.
physician and en please remays and in an	dur	ing most of working life, even it retired)	ANDUSTRY Tormer	11. BIRTHPLACE (County & State 14. MOTHER'S MAIDEN NAME		UNTRY? USA
th certific		WALTER HU WAS DECEASED EVER IN U.S. ARMED FORCES?	DSON 16. SOCIAL SECURITY NO. 17. III	EVE Y	N TUR	NER
attending permit. The		es, no, Ar wiknawn) ((If yes give wor or dates of serv	114-34-723 Dec			Hospital I INTERVAL BETWEEN
that the dan. by the attransit pen		1B. CAUSE OF DEATH (Enter anly ane cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcine for (o), (b), and (c).)	f lung	mith	NSET AND DEATH
physician. signed by the burial-transit burial, cremai		Canditians, if any, which gave hise to immediate cause (a).	multiple m	Telustasis		0
ending ending s been as the prior ta		stating the underlying cause (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
IAN: The all or att ficate ha for use Health !	IFICATION	200. ACCIDENT WAS UNDERLYING	Tubes cules 20b. DESCRIBE HOW INJURY OCCURRED. (ŝ		YES NO
S PHYSICIA the haspita this certific detached fi e Dept. af F	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Yeor		E OF INJURY (Home, farm,		unty) (State)
by the (fter this be detc be detc State De	MEDICAL	Hour o.m. 19 21. I certify that (I) (this hospital	While Not While of focto	ry, street, office bldg., etc.)		that (I) (we) last
70 00		saw the deceased alive an	5.10 19.67, and that		20M, from causes and on the	
IAL OR ATTEI nay be retaine AL DIRECTOR: page 3 shaul e filed with th		Murcmu 200 PHYSICIAN'S	M.D	ATTENDING MED. PHYS. DIREC	STAFF C	.10.1967
SPI 4 m or, db	230	Wm NAM Type) comer M.D. Burial, CREMATION, 23b, DATE THEREOF	Superintender			(County) (State)
TO HOSP Page 4 TO FUNE director shauld		REMOVAL (Specify) 5/13/6	M () 12 12 17-	2So. REC'D BY R	Responselle None	ent mel
VR A15 (4) 20 M 1/66	0	Keter Whaley &	Chegalle Del.	DAMAY 1	5 1967 Johns	

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24 hours after parent. Pages 1 a

AITENDING PHYSICIAN: The law requires that the death certificate be executed w TO HOSPITAL CASTIENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 m a retained by the hospital or attending physician.

TO FUNERAL DINCTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages:

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06304

									4-1-1-1
a. COUNTY	H			2. USUAL RES	IDENCE (Where	daceesed lived, If in b. COUNT		nce before	dmisston)
DA	11+0,		MARYLANI	0_	MARYLAN		1500	110	
	(if outside corporeta limi d give neerest town)	ts, c.	LENGTH OF STAY IN 1	c. CITY OR TO	OWN (If outside c	orporate limits, write l	RURAL and give	neerest tow	n)
					LTIMORE			031	
	ITAL OR INSTITUTION (, give street eddress)	d. STREET AD					A FARM?
	Linden Av					Avenue		YES	
3. NAME OF DECEASED	First		Middle	Last	4. DAT		Dey	Yes	
(Type or print)		LIE	F.	HYMAN	DEA	тн 5	22		67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		3 4 5 1 4 5 3 100	Months Days	IF UNDER Hours	Min.
F.	N.	WIDOWED X	DIVORCED [1-25-189	9	68 угз.	Months Days	nouis	Min.
10a. USUAL OCCUPA	TION (Give kind of worl	tob. KIND	OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(County & State,	or foreign country)	12. CITIZEN C	OF WHAT	COUNTRY?
RETIRE	coking life, even if retire	1	IONE	WINDSO	R, NORT	H CAROLI	NA	U.S.	A.
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			76.07	
50	oman			SAI	LLIE SI	MMONS			
15. WAS DECEASED E	VER IN U.S. ARMED FOR	RCES? 16. SOC	CIAL SECURITY NO. 17	. INFORMANT		Address			
(Yas, no, or unkown)	(If yes give we ror detes of s	ervice)	N	drs. Mable	W4114	ama 72	08 Line	den I	Frenu
18. CAUSE OF	DEATH [Enter only one	ceuse per line f		TO. MEDIC	5 11777	alle /2		TERVAL BET	
	TH WAS CAUSED BY:	Can	11:11-	ton	101		01	NSET AND	DEATH
12/4	IMMEDIATE CAUSE (e)	cer	amer	caro	N.			6 PV	u w
1 1 1 1 N	DUE TO			121	Onn	411	- 100	5 M	10/
Conditions, if er	(w)	CRUI	unin	uc of	Ceru	rex		1	-
(a), steting the	DITE TO			1			MCS-4		
ceuse lest.) (c)								· · · · · · · · · · · · · · · · · · ·
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(e)	19. WAS A	DRMED?
3								YES	NO 🗍
OR CONTRIBUTION	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCU	IRED, (Enter neture of in	jury in Part I or Pe	rt II of item 18.)			
20c. TIME OF IN	URY Month, Dey, Ye			PLACE OF INJURY (Hor		City or town)	(County)		(State)
Hour a.m.	19	While et work	Not While et work	fectory, streat, office blo	ug., elc.)				
	that (I) (this hospi	tal) attended	the deceased fro	- Jan I	1967	10 Carrier	12-10 Ray	hat (1)	(we) last
	211	44 21	1-1	hat death occured	67 1	on the causes/a	The Ye		
22e, SKONATURE	sed alive on. K.K.L.	7	19 (J., and I	nar deam occured	Jac. J	On the capses a	ind on me d		DATE
226. 3100	11/12/2	imace.	Medan	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5/	72/1	SIGNED
22c. PHYSICIAN	holavi	my y	account	M.D. PHYS.	F	2.17	0/2	-1/6	-/-
NAME (Typ		Baun	NAVEPP	ER	ball	12/2	06		/
23a, BURIAL, CREMA REMOVAL (Specif		REOF 23	H. A. Preb	RY OR CREMATORY	1	DEATION (City, tow	n or county)	(S	Ful -
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			GISTRAR 256. REGI	ISTRAR'S SIGNA	ATURE	
Mortoni	1.11	4.	1201 /04	irens Sto		1967 00	Marley	Judge	2
1000112	Jan. h.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	701	-,	udatet 0 3	1001	-	9_0_	

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PORT Electrical Port

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06312	CERTIFICATE	OF DEATH		06302			
	1. PLACE OF DEATH O. COUNTY Baltimore County	MARYLANO	O STATE	nere deceosed lived, if institution: b. COUNTY				
	b. CITY OR TOWN (If autside carparate limits, write RURAL and, give nearest town) Mount Wilson	C. LENGTH OF STAY IN 16 6 months.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bollimose 23.					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS e. IS					
	Mount Wilson Stat	ce Hospital Middle	1301 W.		YES NO			
	DECEASED (Type or print)		JA COBS	4. DATE Month OF DEATH 5	/ 4 / 1967			
		MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 5/25/03	last hirthday) N	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.			
	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	nia	12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME Robert	Jacobs	14. MOTHER'S MAIDEN NA	we cuerly Antho	sny			
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates of s		NFORMANT	Address				
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO	per line far (a), (b), and (c).) Pulm. TB, F Rt. planel	A, out	ve.	INTERVAL BETWEEN ONSET AND DEATH			
2	PART II. OTHER SIGNIFICANT CONDITIONS CON	19. WAS AUTOPSY PERFORMED?						
5	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTICE MEDICAL FXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	art I or Part II of item 18.)	YES NO			
	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)			
	saw the deceased alive an	tal) attended the deceased fram	<u>11/5/66</u> , to the death occurred 3 5	ta 5/4/ SAM, fram causes an	d an the date stated above.			
9	220. SIGNATURE MUVC	mig MI	D. PHYS. LJ D	AED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5/4/617			
	Wm Newcomer M.I	., Superintender	22d. ADDRESS	Wilson, Mary	Land			
	A PRINCIPLE OF A STATE	30 RURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10(ATION (GIV or Town)						
	24. FUNERAL DIRECTOR TEXAS TEXAS OF THE STATE OF THE STAT	ne Piksevella-8	2Sa. REC'D	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE			

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours afticed. Page 4 may be retained by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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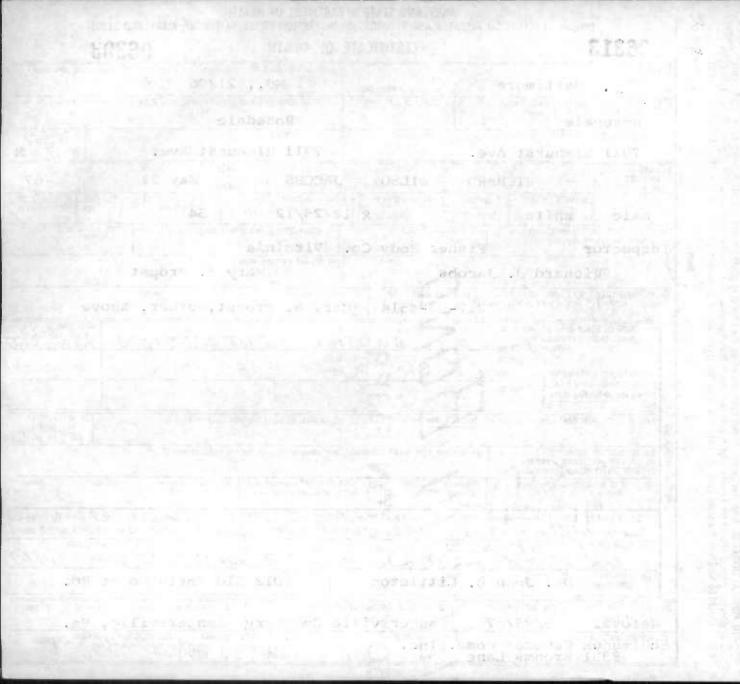
CERTIFICATE OF DEATH

06303

	20010	CERTIFICATE	OI PEAIII	UUsi	(10)							
1.	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	07.70	ere deceosed lived, if institution: Residence 21206 b. COUNTY								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsice Rosed	de corporote limits, write RURAL ond	give neorest town)							
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
L	7911 Elmhurst Ave.			hurst Ave.	YES NO X							
3.	NAME OF First PECEASED (Type or print) RICHARD	Middle WILSON	JACOBS 4	OF May 21	Day Year 19 6 7							
S.	sex 6. color or race 7. marri male white widow	THE TEXT MARKET	2/25/12	9. AGE (In years IF UND Months	ER 1 YEAR IF UNDER 24 HRS. S Doys Haurs Min.							
du	wine most of working like aven if retired)	KIND OF BUSINESS OR INDUSTRY Sher Body Co.	11. BIRTHPLACE (County & S Virginia		CITIZEN OF WHAT COUNTRY?							
B. FATHER'S NAME Richard J. Jacobs 14. MOTHER'S MAIDEN NAME Mary S. Propst												
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates af service)	16. SOCIAL SECURITY NO. 17. 11. 11. 11. 11. 11. 11. 11. 11. 11	nformant ary S. Pro	pst, mother, at	oove							
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION MINISTERVAL BETWEEN, ONSET AND DEATH TO THE PROPERTY OF THE P											
	148 X DIJE TO	ARCINOMI		ARXNX	6 months							
	last. (c)											
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO							
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Par	t I or Part II of item 1B.)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m. 19		E OF INJURY (Home, farm, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)							
	21. I certify that (I) (this hospital) att	tended the deceased fram 🖊	death accurred at_	66, ta May 21, 1	9 <u>6 2</u> , that (I) (we) last the date stated abave.							
	220. SIGNATURE	EmD M.D		CTAFF	DATE SIGNED noy 22, 1967							
	22c. PHYSICIAN'S NAME (Type) Dr. John B.	Littleton	22d. ADDRESS 1012	Old North Poir	nt Rd.							
23	30. BURIAL, CREMATION, REMOVAL (Specify) Removal (Specify) 5/25/67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town) Sangersville	(County) (State)							
3	24. FUNERAL DIRECTOR Schimunek Funeral Hon	ne, Inc.	250. REC'D B'	Y REGISTRAR 2Sb. REGISTRAR	S SIGNATURE							
L	3331 Brehms Lane	2	DAINA	7 2 1001 /	0							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carried papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

06304 06314

a. COUNTY	Baltimore		Maryland	L COUNTY	n: Residence before admission) Baltimore	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville MARYLAND c. LENGTH OF STAY IN 1b 22yr6mth15 da				outside corpora	te limits, write RU	RAL end give nearest town)
	SPITAL OR INSTITUTION (IF not In GROVE STATE HOSP		d. STREET ADDRESS	rcrest St	reet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Loretta	Pflddla C•	James	4. DATE DF DEATH	Month May	19 Year 19 67
female	6. COLOR OR RACE 7. MARRI	ED DIVORCED 1	March 10,18	191 78	t birthday) Monti	
nousewa		. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (and	oreign country) 12	COUNTRY? U.S
13. FATHER'S NAM	Bezold	14. MOTHER'S MAIDEN NAME Theresa Peters				
15. WAS DECEASED (Yes, no, or unkown)	(/ If use time were or defect of coming)		INFORMANT BCOrds:SPRI	NG GROVE	Address STATE HOS	SPITAL
PART I. D #5 / Conditions, If gave rise to	IMMEDIATE CAUSE (a) DUE TO any, which (b) Immediate	r line for (a), (b), and (c). 1 ptured aortic an	neur je m d ie	to gener	A.S.C.V.I	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER	cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PREFORM YES N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)					
20c. TIME OF Hour a.	INJURY Month, Day, Year 20d m.	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20f. (City		(County) (State)
21. I certi	ify that (i) (this hospital) atterceased alive on Record R	nueu the deceased from		MED. DIRECTOR SERING GR	he causes and constant and cons	967, that (i) (we) last on the date stated above. DATE SIGNED LAY 20,1967 E HOSPITAL and 21228
23a. BURIAL, CRE REMOVAL (SI Wall 24. FUNERAL DIR	pecify) 5/23/67	Battimae ADDRESS /	national Co	23d. LOCAT		, md.
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VISION OF VITAL RECORDS	, 301 W. PRESTON STREET	r, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please retrieve carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

Page 4 may be retained by the haspital ar attending physician.

0	6315			CERTIFICATE	OF DEATH			0	631	05	
a. COU	Da	ltimore		MARYLAND	2. USUAL RESIDENCE (a. STATE Mar	vland	b. (OL	JNTY Ba	lti	more	
b. CITY	OR TOWN (III te RURAL and OWSON	autside carparate limit give nearest town)	S,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or				e neores	t town)	/
d. NAN	LE OF HOSPITA	or institution (if ne ph Hospita	at in haspital, gi 1	ve street address)	d. STREET ADDRESS Box 355,					e IS RESI ON A F YES	
3. NAME DECEA			rst liam	Middle Lamont	Lost JAMES	4. DATE OF DEATH	Mor May		Dογ 16	Ye	67
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
Ma	le	White	WIDOWED [DIVORCED :	June 14, 19	912 5	last birthday) 4 yrs.	Manths	Days	Haurs	Min.
during mo	st of warking I Sales ER'S NAME	(Give kind of work done ite, even if retired) man David Jame	0 xy	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County Pennsylva 14. MOTHER'S MAIDEN	& State, or far ania		12. CI	TIZEN OF UNTRY?	WHAT	
Yes, na, o	CAUSE OF DE PART 1. DEAT	, ,	use per line for ((a) Cer	3-09-9411 Mar	ory F. James	s, Coc			INT	ERVAL BE SET AND I	
rise t statin last.	a immediate	lying cause	10 (c) Art	eriosclerotic						WAS AUT PERFORN	OPSY AED?
OR CO	ONTRIBUTING [UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I or Port	II of item 18.)	1		CA	
		RY Manth, Doy, Year	2Dd. INJ While at wark	Not While fact	CE OF INJURY (Hame, farr ary, street, affice bldg., etc.		(City or town)	(Coo	unty)		(State)
S	ow the de	y that (X (this has ceased alive on	pital) ottende May 16	ed the deceased from 19 67, and that	May 13 t deoth occurred of	19 <u>67</u> , to 2:10pM	May]	ond on th	he dot	e stote	we) los d obove
	PHYSICIAN'S NAME (Type)	Manuel Co	ckburn,		22d. ADDRESS 7620 Yo:	MED. DIRECTOR		K Ma		5, 19	967
REM	IAL, CREMATIO OVAL (Specify) BUXIAI	N, 23b. DATE TH $5//19$	EREOF	23c. NAME OF CEMETERY OR Springhill	CREMATORY Cemetery	23d. 10	CATION (City or To	own)	(County)	aryl	Stote) and
	eral director		,108 W	ADDRESS 21 North Av., Ba	. 401	D BY REGISTR		EGISTRAR'S S			K

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained the hospital or attending physician. TO FUNERAL DIR R: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shauld be beliable for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 3 should be filed with	the registror prior ta buriol, cremation, ar removol, and in any event within 72 hours after death.
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063	16		CERTIF	ICAT	E OF DEATH	1		Reg. Di	ist. No.	063	306
1. PLACE OF DEAT . COUNTY Balti	more		MARYL		USUAL RESIDENCE (WHO O. STATE Maryla		Balt.			admission	1)
b. CITY OR TOVE	WN (If outside corporate lim give nearest town) 2 1 K	nits, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF a					ost fown)	1
OR INSTITUT	OSPITAL (If not in hospital, ITON TON AVENUE	give street o	ddress)		d. STREET ADDRESS 8 Cent	tre A	venue			ON A F	ARM?
3. NAME OF DECEASED (Type or print)		AX	(NMN)	JANOV	VICH	4. DATE OF DEATH	Mon		18th	Yes 1, 19	67
5. SEX male	6. COLOR OR RACE white	7. MARRIE	DIVORCED		ATE OF BIRTH	386	9. AGE (In years last birthdoy) 00 yrs.	Months	_	F UNDER Hours	24 HRS. Min.
during most of	IPATION (Give kind of work f working life, even if retired lord	d)	operty Ma		Russia	or foreign co	ountry)		TIZEN OF	WHAT C	OUNTRY
13. FATHER'S NAM	(unknown) DEVER IN U. S. ARMED FOI	Jano	wich	1	4. MOTHER'S MAIDEN N unl	NAME	Addr	·ę55			
(Yes, na or unknown)	(If yes, give war ar dates of F DEATH [Enter only one co	21	8-03-8371		teve Jano	owich	Barti	2-Romore	.Md.	1512	220
gove rise couse (o), sto lying couse	if ony, which to immediate oring the under-	b) C	Pul	mas Ce	fonde	t F	- Her	06-			
7	OTHER SIGNIFICANT CON							EN IN PAR		PERFORA	MED?
	IT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in I	Port I or Port	ttl of item 18.)				
Hour o	NJURY Month, Doy, Ye o. m. 19	20d. IN. While of work	_ Not while_	loe. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City	or town)	((County)		(Stote)
21. I certifalive an	ty that I attended the	decease 19 (7.00		., 1947, tocurred at	M fran	n the causes a	nd an t	last sav	stated	
PHYSICIAN'S NAME (Type)							aryland		222		
Buria!		11-	22c. NAME OF CEMET				timore (Co.,1			3
Walter	Brooks Br	adley	ADDRESS Inc., Dur	ndalk	I SAAV	THE REGIST	967 24b. REGIS	TRAR'S SI	GNATURE L	Lee	t

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give naarest town) Elkridge Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 5500 -B- Race Road 5500 -B- Race Road YES NO IX 3. NAME OF 4. DATE Day Middla Month DECEASED OF Ellen Jarvis Roberta (Typa or print) DEATH 67 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX lest birthday) Months October. 11.1911 Colored Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if retired) Elkridge. Marvland U.S.A Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nannie B. Robinson James Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or datas of sarvica) Mr. Allen Jarvis Jr 5500 -B- Race Road 18. CAUSE OF DEATH (Enter only one couse per line for (a) ... (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which (b) gava risa to immadiata causa DUE TO (a), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z prior 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) factory, street, offica bldg., atc.) While Not While Hour e.m. 9 at work et work p.m 21. I certify that (I) (this hospital) allended the deceased from Opal. 1967, to May 14 1967, that (I) (we) last and that death occurred at \$6.5M, from the causes and on the date stated above. saw the deceased alive on May 4 19 22b. DATE 22a. SIGNATURE MED. SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Spacify) S gil Baltimore National Cem Baltimore Warvland Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE North Ave

VR A15 (4) 20M 5-63

Herbert E.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is	OF	2 5	T	AT	E
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UTY	Jry,	neral	be retained far yaur files.	RAL	priar ta burial, crematian, or remaval, and in any event within 72 haurs after death

VR A 15ME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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0631	8	MEDI	CAL EXAMINER	'S CERT	IFICATE O	F DEATH		06308
1. PLACE OF DEATH		TO STATE				Where deceosed lived, if institu		pefore odmission)
o. COUNTY Baltimon	co		MARYLAND	0.7	STATE Maryland	Balt:	imore	
b. CITY OR TOWN	(If outside corporate limi	ts,	c. LENGTH OF STAY IN 16			itside corporote limits, write RL		eorest town)
Fullerto	nd give nearest town)		yrs	1	ullerto	n	2.1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If r	not in hospitol, gi	ve street oddress)		REET ADDRESS		2/	e. IS RESIDENCE
525 014	Home Road				525 014	Home Road 36		ON A FARM?
3. NAME OF		irst	Middle		Lost	4. DATE Mor	nth	Dov Year
DECEASED (Type or print)		LAND	LEE		JONES	OF		9 1967
S. SEX	6. COLOR OR RACE	7. MARRIED [X NEVER MARRIED	1 8. DATE	OF BIRTH	9. AGE (In years	I IF UNDER 1 YE	
Male	White	WIDOWED [DIVORCED	5-	3-1905	lost birthdoy) 6.2 yrs.	Months Do	oys Hours Min.
	N (Give kind of work done		ID OF BUSINESS OR	11.	BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT
during mast of working Aircr			oustry ening Aircra	64	Denton.	Ma	COUNT	S.A.
13. FATHER'S NAME			CHAIR VILLELS		OTHER'S MAIDEN I	NAME		
	Willi	am Jone	s			Carrie An	thony	
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES	2 16. 50		17. INFORM	ANT	Add	2291	0.2
(Yes, no, or unknown) No	(If yes give wor or dotes	of service)	10 70 017/	16. 0		7 700 33 01		211
	DEATH (Enter only one co	use per line for /	15-15-51101	Mrs U	Lara Fig	gs 1503 W. 36	th Stre	INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:		Cirrhosi	e of	liver			ONSET AND DEATH
5010	IMMEDIATE CAUSI	(0)	CITTIOSI	5 OL .	TIVEL			
5810 Conditions, if on		E 10						
rise to immedio	te couse (a)	(b)						
stoting the und	erlying couse	E 10						
last.	,	(c)						
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT NOT RELATED	TO THE TERM	MINAL DISEASE COI	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES X BA1C
200. EXTERNAL C		20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	Port I or Port II of item 18.)		u al L
20c. TIME OF IN.	JURY Month, Doy, Yeor	20d. IN.	JURY OCCURRED 20e	PLACE OF IN	JURY (Home, form	n, 20f. (City or town)	(County	(Stote)
Hour o.	.m. 19	While	Not While at work		et, office bldg., etc.) Partial			
	.111.		ains described abave			Inspection . Ind	uiry 🔲,	and in my opinion
		ral causes X						and in my apinian
death resu	ned train: Natur	ai causes IX	Accident [,	Suicide	3/		nanner	
ACTUAL SIGNATURE	llemes 1	2.5	1.6	M.D.	ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED
EXAMINER'S NAME (Type)	WERNER U.	SPITZ,	M D		DEPUTY MEDICA	AL EXAMINER t, city, town, or county)		5-9-67
230. BURIAL, CREMATI			23c. NAME OF CEMETERY	OD CDEMATO		23d LOCATION (City or To	oun) If a	unity) (Stote)
REMOVAL (Specif	y)				11		,	
24. FUNERAL DIRECT		1701	ADDRESS		1 200 DEC'T	ry Baltimore D BY REGISTRAR 25b. R	Co. I	
24. FUNERAL DIRECT	OK A)	1 13	540			
Inspiration	itermenal !	Jan o 22	4NIBODand	Coad	DAMAY	1 2 1967 8	Charles	under:

THE R. P. LEWIS CO., LANSING MICH. LANSING, MICH.

Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06313	CERTIFICATE O	F DEATH		6309
o. COUNTY Balkmone	MARYLAND	JSUAL RESIDENCE (Where deceose). STATE Mauslan	b. COUNTY	e before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b c. C	ITY OR TOWN (If ourside corpore Baltimore		neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi		-11/1-1	ekingham Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Thomas	Middle	Lost 4. DATE OF	Month 5	Doy Year 12 19 607
5. SEX 6. COLOR OR RACE 7. MARRIED			. AGE (In yeors IF UNDER I lost birthdoy) Months	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR 11.	BIRTHPLACE (County & Stote, or fo	CÓI	IZEN OF WHAT JNTRY?
13. FATHER'S NAME Thomas B. Jones Sr. IS WAS DECEASED BYTE BY U.S. ADMED CODIES? A LA. S. WAS DECEASED BYTE BY U.S. ADMED CODIES?	14.	MOTHER'S MAIDEN NAME SE	grah A. Crabil	1
(Yes no, or unknown) (If yes give wor or detes of service) 18. CAUSE OF DEATH (Enter only one couse per line-leg (Deborah Jones-	4104 Buckingha	m Rd. 21207
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Conditions (b) DUE TO (c)	elanoma L	I The	Brain	ONSET AND DEATH CONSULTANT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED. (Enter	noture of injury in Port I or Por	t II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 of work	Not While foctory, str	INJURY (Home, form, reet, office bldg., etc.)	(City or town) (Cou	nty) (Stote)
21. I certify that (1) (this haspital) attend saw the deceased glive an	ed the deceased fram	- 17, 1967, to		27that (1) (we) lass ne date stated abave
220. SIGNATURE Maron	M.O. P	ATTENDING MED. PHYS. DIRECTOR	STAFF 22b. DA	TE SIGNED
22c. PHYSICIAN'S RUPERTO A	LANANKIL	Baltonine	Caunty &	en. Horz
230. BURIAL, CREMATION, REMOVAL (Specify) 238. DATE THEREOF 5/15/67	23c. NAME OF CEMETERY OR CREMA Meadow Ridge Cer			(County) (Stote)
24. FUNERAL DIRECTOR 8728 Liberty	Rd. Randallstown	Md250. REC'D BY REGISTE	sh. Blvd & Dor RAR 2Sb. REGISTRAR'S SI IOC7 (Clairle	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. filled in by the funerol TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removement by papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in act, event, within 72 hours after dedit Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

SYRE Liberty Ed. Marchilatown, Milly

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6		6320			CER	TIFICATE	OF DEATH			0631	[0
	1. PLACE O	of DEATH TY timore	County	,		MARYLAND	o. STATE	d.	b. COUNTY	Podli	5.
ly filled in by the papers. Pages within 72 hours aft	Mou	OR TOWN (If autsid RURAL and give n	earest town)		c. LENGTH OF S	V3	c. CITY OR TOWN (y)		ts, write RURAI	30.4	
l in ers. 72 h		OF HOSPITAL OR II				sf	d. STREET ADDRESS	2 1 1	1		e. IS RESIDENCE ON A FARM?
pape hin 7		int Wils	son Sta	ate Ho			833 W. h	"ombard.	U.		YES NO
T III	3. NAME (en .		rst	Middl		Last	4. DATE OF	Month	Doy	
恵を	(Type or	print)	RNOLD		Mill		JUSTICE	DEATH	MAY	IT HINDED 1 VEAD	1967
E & S	S. SEX	6. COL	OR OR RACE	7. MARRIED			3. DATE OF BIRTH	last		Months Days	IF UNDER 24 HRS. Hours Min.
Park	N	· ·	W	WIDOWED		ORCED	9-17-12				
ease re	during most	OCCUPATION (Give k of working life, eve LABORER	n if retired)	111	ND OF BUSINESS DUSTRY Fract	OR	11. BIRTHPLACE (Country	Md.	ountry)	12. CITIZEN O COUNTRY	
ple ol, o	13. FATHER		,	1550.2			14. MOTHER'S MAIDEN	NAME			
ph hen nav	V	VIIIIm 1	JUSTICE				EMMA 1.	RUBEN COU	JNY	The state of	
ding ren	IS. WAS D	ECEASED EVER IN U.S. unknown) (If yes g	ARMED FORCES?	f conviced 16.	SOCIAL SECURITY		NFORMANT		Address		
rmi rmi , or	1	O (11 Yes 9	ive war ar aores c) Jervice)	215-10-	0916 Re	cords, Ma	ount Wil	son S	tate H	ospital
signed by the attending physician and completely found transit permit. Then please remove carban burial, crematian, ar removal, and in any eyeat, with		4271	CAUSED BY: MMEDIATE CAUSE DUE	(a)	(a) (b) and (c)		heart fai			ON ON	TERVAL BETWEEN NSET AND DEATH MONTHS
has been signe se as the buria h prior ta buria	rise ta stating last.	ions, if ony, which immediate cause the underlying c	ause DUE	(c)							
o a a a b b L	PART		-	4 4			HE TERMINAL DISEASE CO	INDITION GIVEN IN F	ART 1(o)	19.	WAS AUTOPSY PERFORMED?
te t	S OO	2/ Puln	ZONZYY		reu/031		STHMA)	YES NO
this certificate letached for u	OR CO	CCIDENT WAS UNDER NTRIBUTING [2] CAUS HER, NOTIFY MEDICAL	E OF DEATH	20b. DE	SCRIBE HOW INJU	RY OCCURRED.	Enter nature of injury in	Part I ar Part II af	item 18.)		
FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	MED	IME OF INJURY Mo Hour o.m. p.m.	19	While at work	NJURY OCCURRED Nat While at wark	foct	E OF INJURY (Home, for ory, street, office bldg., etc	.)	or town)	(County)	(Stote)
Afte Afte	2	. I certify tha	t (I) (this has	pital) atten	ded the deced	sed fram		19, ta		, 19, tl	hat (I) (we) last
# # # # # # # # # # # # # # # # # # #			d alive an_		19	, and tha	death accurred a	tM, fra	m causes ar		
DIRECTOR: After 3 shauld be cled with the State			wer	mu		J.M_			STAFF PHYS.	22b. DATE SIGI	NED
podd file		PHYSICIAN'S NAME (Tuno)					22d. ADDRESS	14.1	14		
director, po							Mount				
oul out	23a. BURIA	L, CREMATION, VAL (Specify)	23b. DATE TH	EREOF	1	CEMETERY OR	/\ (23d. LOCATION			y) (State)
0 9 4	18/1	r191	5/11/	67			12 Cemete		imov.	e Ma.	yland
2 1		PAL DIRECTOR	111	0	ADDRES		2So. REC	1 0 1967	2Sb PEG	STRAR'S SIGNATU	RE usal.
VR A15 (4) 20 M 1/66	111771	FAYERUN	orr. 1 Hs	moTra	77 4.5	tricis	Pro/s DATE	10 1301	1	100	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuzeral.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

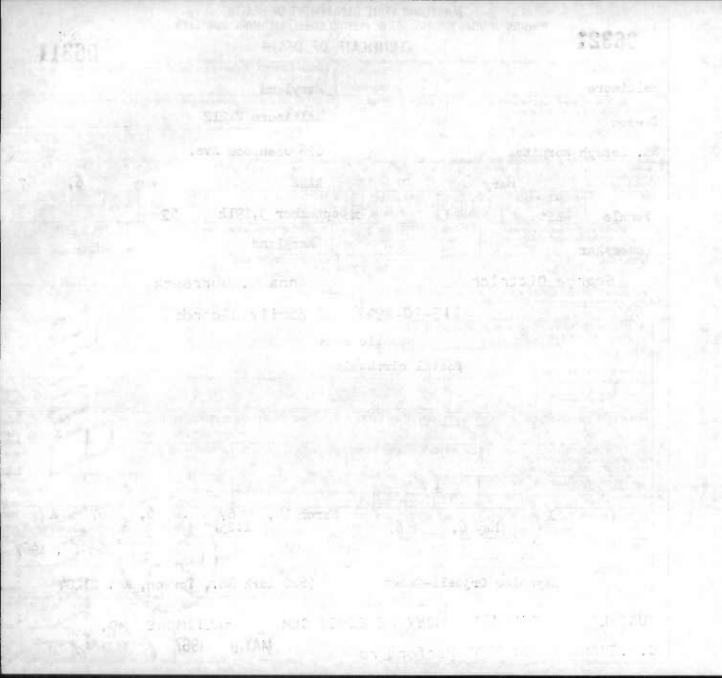
06321

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	0	ġ.	S
-	-		-
VR 25	E TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral	5 (4)

			CLIVIIIIC	AIL	OI DEATH					U.D.	\sim	/
PLACE OF DEATH					USUAL RESIDEN	CE (Where	deceased live			nce before	odmissi	on)
Baltimore			MARYLAN	ND I	Maryland	f		b. COUN	411		-	
b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 1	b	. CITY OR TOWN (rporote lim	its, write RU	RAL ond gi	e neorest	town)	
Towson	d give neorest town)				Baltimor	re 21:	212		3	0.4		
	TAL OR INSTITUTION (If not in	hospitol, g	ive street oddress)		d. STREET ADDRESS					(ON A F	DENCE
St. Josep	h Hospital				626 Gler	nwood	Ave.				YES 🗍	NO 🔯
NAME OF DECEASED	First	100	Middle		Lost	4. D		Mont		Doy	Ye	ar
(Type or print)	Mary		D		KANE		EATH	Ma	W	6,		67
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE	(In years birthdov)	IF UNDER Months	Doys	IF UNDER	R 24 HRS. Min.
Female	"111100	VIDOWED				3,1917		birthdoy) 52yrs.				
Do, USUAL OCCUPATION	N (Give kind of work done		ND OF BUSINESS OR DUSTRY	5	11. BIRTHPLACE (Co		or foreign co	ountry)		ITIZEN OF DUNTRY?		
Homemake			5051117		Marylar					USA		
13. FATHER'S NAME				1	4. MOTHER'S MAID	DEN NAME						
Geo	rge Dittri	ch_			Anna	МГ	urrb	eck				
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of ser		SOCIAL SECURITY NO.	17. INF	ORMANT		01110	Addre	355			
No	(ii yes give wor or dores or ser		15-10-494		Fami 1	LV_RE	cord	5				
	EATH (Enter only one couse p	er line for	(o), (b), ond (c).)				A-A-A-				RVAL BET	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) _		Hepatic	com	a					UN	SET AND I)EATH
5810	DUE TO	D.										
Conditions, if ony	, which gove) (b)) jac	ortal cirrho	sls								
rise to immediate stating the under	te couse (o).											
last.	(c)_											1.44
PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	BUTING T	O DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEASE	CONDITION	GIVEN IN I	PART I(o)		19.	WAS AUT	
			76. 61							У	PERFORN	NO T
2Do. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (En	ter noture of injury	y in Port I	or Port II of	item 18.)				
	G CAUSE OF DEATH MEDICAL EXAMINER)											
	URY Month, Doy, Yeor	2Dd. IN	JURY OCCURRED 20	De. PLACE	OF INJURY (Home,	form,	2Df. (City	or town)	(0	ounty)		(Stote)
Hour o.		While of work	Not While of work	foctory	, street, office bldg.,	, etc.)						
21 Learti	ify that X) (this haspita	23.1121		ım Vi	erch 18.	19 6	7 to 1	May 6.	196	57 th	at M /	wa) las
		y 6.	19.67, and	d that d	eath accurred	01:2	5PM, fra	m causes	and an	the date	e stated	d abave
220. SIGNATURE	1/2	. /	//		ATTENDING	иср		CTAFF	22b.	ATE SIGN	ED 7	067
	1 C/ ve	2 - C	7	M.D.	PHYS.	MED. DIRECT	OR 🔲	STAFF PHYS.		aty o	, 1	707
22c. PHYSICIAN'S	Dann - I da	0	1 - Como-		22d. ADDRESS	. 1 0	3 (11)		262		. 1.	
NAME (Type	Reynaldo	or.1 de	Ta-Gomez		7620 Y	ork R	1., To	owson,	Md.	2120)4	
230. BURIAL, CREMATI		F	23c. NAME OF CEMETER	RY OR CRI	MATORY	. 23	d. LOCATIO	N (City or To	wn)	(County)) (9	Stote)
BURYAL Specify	5/10/6	7	HOLY REDE	EME	R CEM	B	ALTI GISTRAR	MORF	MD			116
24. FUNERAL DIRECTO	OR .		ADDRESS		250,		GISTRAR	25b. RE	GISTRAR'S	SIGNATUR	E	. 19
C.F.EVA	NS & SON 88	02 F	larford ro	200	DATE	AAY 9	196	11	- Colo	Les y	0	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06322 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY . b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Rt 1, Box 34B Fort Howard 9 Days Millersville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Man Pop completelymmed Dogwood Road Veterans Administration Hospital 3. NAME OF Middle 4 DATE First Last Month DECEASED SR. MAY RERNARD KEIRSEY (Type or print) DEATH event. 9. AGE (In years S. SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH birthdoy) 7/15/1896 Male White in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) Paper Hanging and Petersburg, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, Mary E. Lucienberg Walter H. Keirsey offending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war or dotes of service 0 215-22-74-88 Clin.Rec. VAH. Fort Howard, Maryland Ves cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), the signed by the buriol-tronsit p buriol, cremoti PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove THROMBOSIS OF ARTERIOSCLEROTIC CORONARY ARTERY rise to immediate cause (o), DUE TO stating the underlying couse the prior to hos been SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health certificate 20o. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) detoched for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth. Dov. Year (City or tawn) TO FUNERAL DIRECTOR: After this foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (x) (this haspital) attended the deceased fram May saw the deceased alive an May 24 1907, and that death 1967 , to May with the and that death accurred at 6:00PM fram causes and an the date stated above 22o. SIGNATURE director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) V.A. HOSPITAL, FORT HOWARD, MARYLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 1967Baltimore National Cemetery Burial

VR A15 (4)

hours after deoth

within

executed

The law requires that the death certificate

HOSPITAL OR ATTENDING PHYSICIAN:

be retained by the hospital

ADDRESS 24. FUNERAL DIRECTOR FUNERAL HOME

(County)

(County)

22b. DATE SIGNED 5/24/67

(State)

e. IS RESIDENCE ON A FARM?

Day

12. CITIZEN OF WHAT

24

IF UNDER 1 YEAR

YES NO IX

Year

19

IF UNDER

Hours

INTERVAL BETWEEN

ECONDS DEATH

19. WAS AUTOPSY PERFORMED?

1967, that (%) (we) last

NO

UNKNOWN

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24 HRS

Baltimore, Maryland

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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and the state of t		a. CC		altimore		MARYL	AND		yland	b. (OL	INTY		
S de le		W	rite RURAL and	outside corporate limi give nearest tawn)	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o		imits, write RL	JRAL ond give	neorest tov	/n)
s. Por hours	-		Fort Ho					Baltimor	e - 17		38 4	16	DECIDENCE
d in	0			OR INSTITUTION (If n								000	RESIDENCE A FARM?
ly filled in oan papers. within 72 h	/			s Adminis				2255 Reist		Road		YES	NO X
wit		3. NAM DECE		1911	irst	Middle		Lost	4. DATE OF	Mor	nth	Day	Year
campletely filled in nove Larban papers. y event, within 72 h		(Туре	or print)	CHARLES	T	BROWN		KELLER	DEATH	May		13	1967
a de la		S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH		GE (In years ost birthday)	Months 1		INDER 24 HRS
and camplet remove carl in any event,			Male	White	WIDOWED	DIVORCED		10/28/94	72	Yrs.	I I I I I I I I I I I I I I I I I I I	00,3	013 10001.
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DIRECTOR: A ge 3 should lied with the		-	. SIGNATURE	euseu unve un_s	^ 1	17-1, 01	10 11101	dedin decomed o	A.	10111 (00363			aled abov
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DE		220	. PHYSICIAN'S	CALAC	<u> </u>	Jay .	111.0	22d. ADDRESS	DIRECTOR C	11173			
RAI Pe	/		NAME (Type)	ALFONSO A	. LOPE	Z, M.D.		VA Hospit	al, For	t Howar	d, Md.		
E B B B	-	23a. BU	RIAL, CREMATION	23b. DATE TH	IEREOF	1 23c. NAME OF CEMET	ERY OR (REMATORY	23d. LOCAT	ION (City or To	own) (County)	(State)
or FUNERAL DIR	n		MOVAL (Specify)	5/17/1				tional Ceme		timore			(5.5.0)
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	-	Tie	cher Fu	neral Home		par crinore,	PIC.	DAIL	2.0	.407		0	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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OR ATTENDING PHYSICIAN: The law

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY o. STATE BALTIMORE MARYIAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town) FORT HOWARD 78 DAYS WHITE MARSH d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? BOX 1071B VETERANS ADMINISTRATION HOSPITAL YES NO NAME OF 4. DATE Year Doy DECEASED (Type or print) HARRY KELLNER DEATH 6 S. SEX B. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED AGE (In years NEVER MARRIED last birthday) Manths Days Hours MALE WHITE WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) COUNTRY? INDUSTRY PLUMBER PLUMBING SHOP BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSCAR KELLNER MINNIE MN: UNKNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give war ar dates of service 215 10 66 85 YES CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. WW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE PAPTITARY NECROSIS KIDNEYS, BILATERAL UNKNOWN DUX 10 Conditions, if ony, which gove (b) PULMONARY EDEMA RECENT rise to immediate cause (a), XXXXXX stoting the underlying couse ARTERIOSCIEROTIC HEART DISEASE 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? DIABETES MELLITUS. CLINICAL YES X NO 2Dg. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'a.m. factory, street, office bldg., etc.) at work at work 21. I certify that (X) (this haspital) attended the deceased from saw the deceased alive an 5/26/67 19, and the and that death accurred a :15 AM, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED 5/26/67 M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) CAMP CHAPEL CEMETERY BURTAT. JOPPA RD. 24. FUNERAL DIRECTOR

Belair Road, Baltimore, Md.

TO FUNERAL VR A15 (4)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

003	23	(EKTIFICATE	OF DEATH		05315	
1. PLACE OF DEAT o. COUNTY Balti			MARYLAND	2. USUAL RESIDENCE (V o. STATE	Where deceased lived, if institut b. COU	ian: Residence befare adm	missian)
write RURAL Caton	N (If autside carparate limits and give nearest tawn) SVIILO		OF STAY IN 16	1	tside carparate limits, write RUI	4	vn)
	Nursing Home				rsing Home 60	ON ON	RESIDENCE N A FARM? NO []
3. NAME OF DECEASED (Type or print)	Anna Fir	st Mari		ell y	4. DATE Mont	8	Year 19 67
S. SEX	6. COLOR OR RACE Cauc.	WIDOWED XX	DIVORCED	B. DATE OF BIRTH 4/20/88	9. AGE (In years last birthday) 79 yrs.	Manths Days Ho	JNDER 24 HRS ours Min.
during mast of worki	ON (Give kind af wark dane ng life, even if retired)	10b. KIND OF BUSINI INDUSTRY	ESS OR	11. BIRTHPLACE (County 8	State, ar fareign country)	12. CITIZEN OF WH	AT
13. FATHER'S NAME	te - Joseph N	McCurnin		14. MOTHER'S MAIDEN N	e - Mary		
IS. WAS DECEASED (Yes, na, ar unknaw	VER IN U.S. ARMED FORCES? (If yes give war ar dates a	f service) 16. SOCIAL SECUR	MA	NEORMANIrie Ke 09 Stamford	lly Snyder Addre Rd 21229	ess	
PART 1. D 44 Canditions, if a rise ta immed	ny, which gave into cause (a), derlying cause	(a) Arterioscle 10 (b)		ith Chronic	Brain Syndrom	ONICEY 4	LL BETWEEN
PART II. OTHER		I Hypertension		THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		S AUTOPSY FORMED? NO
OR CONTRIBUTION (IF EITHER, NOT	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)			(Enter nature of injury in f	Part I or Part II of item 1B.)		
Hour'	p.m. 19	20d. INJURY OCCURF While Not Wh at wark at wa	rk 🔲 fact	CE OF INJURY (Hame, farm lary, street, affice bldg., etc.)		(Caunty)	(State)
21. 1 cei saw the 22a. SIGNATUI		attal) attended the de	ceased fram67, and tha	ATTENDING	9 51, to May 1:10PM, from causes MED. STAFF DIRECTOR PHYS.	, 19_57, that (and an the dote st 22b. DATE SIGNED May 19,196	ated above
22c. PHYSICIAL NAME OF		Gaver M.D.		22d. ADDRESS	lew Hill Road	- party 20 g 20 c	
23a. BURIAL, CREMA REMOVAL (Spe-			of CEMETERY OR	crematory com.	23d. LOCATION (City or To Baltimore		(State)
	F. D 41	Ol Ednondson	RESS Ave.		BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corron pages. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 2 haurs after Dept. Page 4 may be retained by the hospitol or attending physicion.

VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 167 06326 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND c. LENGTH DE STAY IN 16 c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest lawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Parkville Parkville d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 3009 6th 3009 6th Ave. YES NO X Ave. 3. NAME OF Middle DATE First Month Doy Year Last DECEASED (Type or print) KAMMERIX HOWARD Kemmerly 22 1967 May DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED last birthday) Manths Dovs Hours WIDOWED 1885 DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during mast of warking life, even if retired) INDUSTRY 13. FATHER'S NAME Balto Transit USA MOTHER MAIDEN NAM Esther Ford Lazarus Kemmerly 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Family Records No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) DNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TD Canditians, if any, which gave milli (b) rise ta immediate cause (o), DUE TO stating the underlying couse last 19. WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, (City or tawn) (Stote) 2Dd. INJURY OCCURRED (County) 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Nat While at work at work 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at M, fram causes and an the date stated above saw the deceased alive an DATE SIGNED 220. SIGNATURE 22b. ATTENDING 23 VW mw M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 8604 Harford rand Howard Goodman

23c. NAME OF CEMETERY OR CREMATORY

Llorraine Park

23d. LOCATION (City or Town)

Balto

250. REC'D BY REGISTRAR

(County)

Md.

25b. RECISTRAR'S SIGNATURE

(Stote)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and papers. Pages 1 Jin 72 haurs after = completely filled in nave carban paper and in any physician ar remava attending p crematian, burial-transit signed by burial, or attending has been prior to 00 USe of Health TO FUNERAL DIRECTOR: After this certificate for detached be retained shauld with the directar, page 3 should be filed v

VR A15 (4) 25M 1/67

23b. DATE THEREOF

5/26/67

C.F.EVANS & SON 8802 Harford Rd.

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

81630 Supplied the Supplied of the Supplied S to all the state of the state of 107 1 227 , r. ang / ang / ang THE TOTAL STREET STREET, STREE L.M.F. JOYOFFER S.J. U. MILL J. SMAYS. A. S.J.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

06327

CERTIFICATE OF DEATH

06317

3 3 3 10 1	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
O. COUNTY ROLL AND ALLES	O. STATE DA . D. COUNTY DIST.
DAIIMO PE MARYLAI	
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN I write RURAL and give nearest tawn)	b c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town)
70FK 254.05	s tork ma 13.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
BOX20 FORK ROAD.	BOX 30 FOR RABAWAN YES NO
3. NAME OF First Middle	Last 4. DATE Month Doy Year
(Type ar print)	Keard Lie K DEATH 5 4 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	last birthday) Jan 24 - 1898 last birthday) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
during mast of working life, even if retired)	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DT D	The market maney
JOHN OICHAWA'N	MATI DEHOSCO.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service) A 16. SOCIAL SECURITY NO.	17. INFORMANT Address
No No.	Mp Beargethy BH 30 BA AWIN Md
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	O _ INTERVAL BEPWEEN
PART I. DEATH WAS CAUSED BY:	Wall prises and the att
334 × IMMEDIATE CAUSE (a)	
Conditions, if ony, which gave) DUE TO Conditions, if ony, which gave)	Wyferworderosis 10.4%
rise to immediate cause (a)	of the second of
stating the underlying couse DUE TO	of mollisters 2 m.
lost. (c) Alaute	w mentas
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	PERFORMED?
200. ACCIDENT WAS UNDERLYING \(\square\) 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	AKED. LINES HOLDER OF HIGHY IN PAIR I OF HEIR 10.)
	De. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Hour o.m. p.m. 19 While Nat While of work	factory, street, affice bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased fro	om 8/24, 1965, to 3/4, 1967, that (1) (we) last
	d that death occurred of A. M., from causes and on the date stated abave.
220/SIGNAJURE	22b, DATE SIGNED
XINDER AT MOUSE WA	ATTENDING MED. STAFF
Tolder of the state of the stat	PHYS. LAD DIRECTOR PHYS. L
DIAMETYPE OLIFFORD FHIS	DOW FORK MD
230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETE!	DV OD COMMATORY 1924 1904 1914 (Character) (Character)
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Kuhin 3-6-1467 Cedar	NIII CEM PAILS ANNIATURE Me
24, FUNERAL DIRECTOR ADDRESS	(3 C) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Largo has turner of Non 2421 Rola	DATE a cos Milanda Quelle

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arbying appers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06328

CERTIFICATE OF DEATH

06318

PLACE OF DEATH O. COUNTY	Baltin	070	a. STATE		re deceosed lived,	f institution: Resid	lence befare adi	nission)
			- 11		yland		1	10
b. CITY OR TOWN (If outside corporate limits, d give negrest town)	c. LENGTH OF STAY IN I	c. CITY OR		e carporate limits, timore	write RURAL and g		vn) 3./
	AL OR INSTITUTION (If not in he	aspital, give street address)	d. STREET A				e. 15	RESIDENCE I A FARM?
S	t. Joseph Hosp	oital		60	8 N. Woo	dward Dr	ive YES	NO
3. NAME OF	First	Middle	Last	4.	DATE	Month	Doy	Year
(Type or print)	Hilton	В.	Kin	g	OF DEATH	May	15,	19 67
S. SEX	6. COLOR OR RACE 7. MA	ARRIED X NEVER MARRIED [8. DATE OF BI	IRTH	9. AGE (In last bir			INDER 24 HRS.
Male	White WI	DOWED DIVORCED [1-3	1-10	57	yrs.		
10o. USUAL OCCUPATION during most of working receiv.	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY IOOC	11. BIRTHPI	LACE (County & St	ate, or foreign caun	try) 12.	COUNTRY?	AT
	ing dept.	rosse & Blackwe		altimor			U.S.A.	
13. FATHER'S NAME			14. MOTHER	R'S MAIDEN NAM	E			
	R IN U.S. ARMED FORCES? (If yes give war ar dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	100		Address	21221	
no	(ii yes give wai ai aares or service		Mrs. Eles	anora Ki	ng 608	Northwo	odward	Dr.
18. CAUSE OF D	EATH (Enter anly ane cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (a)						INTERVA	L BETWEEN
45/X	DUE TO							
Canditians, if ony								
stating the unde								
last.) (c)							
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIB	UTING TO OEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CONOIT	ION GIVEN IN PAR	[[(o)		FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in Port	I or Part II of iter	n 18.)		
20c. TIME OF INJ Hour o.	URY Month, Day, Yeor	20d. INJURY OCCURRED 20 While Nat While at work at work	le. PLACE OF INJURY factory, street, offi		20f. (City or	town) (County)	(State)
21. I certi	fy that (I) (this hospital)		om May 15 d that deoth occ	, 19	67 ta M	ay 15,1	9 <u>67,</u> that ((I) (we) last
20M INCO	eceased alive on	19 07, and	d that deoth occ	curred off				ated above.
22a. SIGNATUR		San .	ATTENDIN	IG MEI		CC C	DATE SIGNED	167
DUVERTIALIS	many		M.D. PHYS.		ECTOR L PH	Ys. x Ma	y 15,19	107
22c. PHYSICIAN'S NAME (Type	Juan	Gan M.D.			oad - To	wson 212	04. Md.	
23o. BURIAL, CREMATI		23c. NAME OF CEMETER		T	23d. LOCATION (C		(County)	(State)
REMOVAL (Specify		Moreland I		Park	Dolla	ome Code	L M.3	
24. FUNERAL DIRECTO		ADDRESS			REDISTRIR 10	25b. REGISTRAR	SIGNATURE	udok
Ullrich	Funeral Home.	Baltimore, Md.		OATE	1 00 10		0	0

K death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ampletely filled in by take director, page 3 should be detached for use as the burial-transit permit. Then please regione garban papers. Permanded be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exempt within 72 hours. Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

OSS 19

06323

CERTIFICATE OF DEATH

31			
11.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen	ce before admissian)
1	a. COUNTY Baltimore) MARYLAND	a. STATE Maruland b. COUNTY	_
-	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	negrest town)
	write RURAL and give negrest tawn)	B-0-4	inediesi iowiij
	0 1 1 1 1	Nacemare	304
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	1950 Warners & Meux Haus	619 6, 33 - Steel	YES NO
3.	NAME OF DECEASED (I/yoe or print) Mrs. Saunders K.	Last 4. DATE Month OF MALL	Doy Year
-		B. DATE OF BIRTH \$1892 9. AGE (In year) IF UNDER	19 19 19 19 19 19 19 19 19 19 19 19 19 1
7	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7.	12-8-11818 [ast birthday] Months	Days Haurs Min.
	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		IZEN OF WHAT UNTRY?
12	ging most of warking life, even if retired INDUSTRY	Bichmoul, Vergenea	Cl. D. A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
10	ale Blancher Brancher	Realis da Hour Odana	,,
17.	WAS DECEASED EVED IN ILS AVAED EDDECES 14 SOCIAL SECURITY NO. 17	INFORMANT Address	TAUNTA
4 (4	. WAS DECEASED EVER IN U.S. AKNED FORCES? es, no, or unknown) (If yes give wor or dates of service) 2/3-/8-7793 X	0 1/ 000	+ VI
	no 213 18-1173 to	ery t Hamilton, 6,5 Che	alunt the
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac	failure (terminal)	15 M1.
	4342 DUE TO		THE BANKS
	Canditions, if any, which gave) (b) Acute pulmoner	v edema, bilateral	1 day.
	rise to immediate cause (a), (Due to		1
	stating the underlying cause (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CATION			PERFORMED?
	Chronic arteriosclerotic, cardio-vas		YES NO 1
CERTIFI	205. ACCIDENT WAS UNDERLYING ☐	(Enter nature af injury in Part I or Part II of item 18.)	
MEDICAL			unty) (Stote)
MED		tory, street, affice bldg., etc.)	
P	21. I certify that (I) (this haspital) attended the deceased fram_	Nov. 14, 1962, to May 19, 191	(1) that (1) (wa) last
	saw the deceased alive an May 19 1967, and the	at death occurred at 4454 M, fram causes and on t	he date stated above
	220. SIGNATURE	ATTENDING MED CTAFE	ATE SIGNED
	Edwar J. Jarvill. M	D. PHYS. DIRECTOR PHYS.	5/19/67.
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Edwin B. Jarrett, M.D.	11 East Chase St., City-2.	
22.	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (State)
	Crematical May 20, 1967 Green Mount (. ,,
_	, , , , , , , , , , , , , , , , , , , ,	, ,	
	4. FUNERAL DIRECTOR ADDRESS	1204 PATE AV 2 1967 Charles	
W	m. Cook-Brooks Towson, 1050 York Rd., 2	1204 DATE 22 196/ Cuarle	y Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then pleast remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and many event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)N 20 M 1/66

LOWSON Office Dallinesse age a Chamera & Meur Harres 619 A. 33 M. Steel 1 Mere Laurer Kreeklery May Jamala White V 12-9-1889 17 Depx of naturalise les his longues, Marginia as Just John Henry Rivamberry adelaide Gerldman 213 18-77 B. Lang & Hamelow, 615 Cleating him Toute our the new test and the the state of the s - - with . . dr game Th., other.

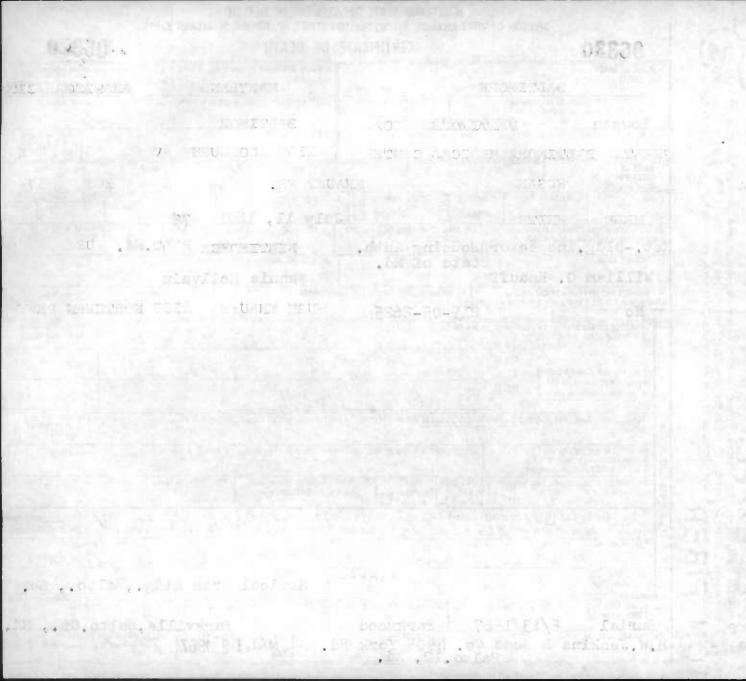
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0633		CER	TIFICATE	OF DEATH			063	40
	PLACE OF DEATH				2. USUAL RESIDENCE o. STATE	(Where deceosed li	ved, if institutio	n: Residence before	odmission)
		BALTIMO	RE	MARYLAND	MAI	RYLAND	D. COOM	MAINTAN	XXXXXXXXX
	b. CITY OR TOWN	If outside corporate limits, d give nearest town)	c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (If o	utside corporate lin	mits, write RURA	L and give nearest	town)
	Towson	TX Z	TXTXTXXX D	OA	BALT	IMORE		30.4	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give street address		d. STREET ADDRESS			6	ON A FARM?
R	EATER I	BALTIMORE	MEDICAL CEN	TER	1308 W	OODBURN	E AV	1	YES NOX
	NAME OF DECEASED	Firs	t Middle	e	Lost	4. DATE	Month	Doy	Year
	(Type or print)	EDGAR		KNA	AUFF SR.	OF DEATH	5	10	1967
S.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED	8. DATE OF BIRTH	9. AG	E (In years st birthdoy)	Months Doys	Hours Min.
	MALE	WHITE			July 11 11. BIRTHPLACE (County	1891	75 yrs.		
10a	. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS (11. BIRTHPLACE (County	& State, or foreign	country)	12. CITIZEN OF	
{e	tBld	life, even if retired)	r Housing A		RARX	MERCE	BALT.M	d. COUNTRY?	A
	FATHER'S NAME		State of M	d.	14. MOTHER'S MAIDEN				
-		G. Knauf			Nannie	McIlv	ain		
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	16. SOCIAL SECURITY	NO. 17. 1	NFORMANT		Address		NO IN
110	No	(11 yes give wor or doves or	215-05-26	25	HUGH KN	AUFF	1357 N	ORTHERN	I PKWY
			e per line for (o), (b), ond (c).)		, .				RVAL BETWEEN
	PARI 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Msoc	crolic	al dui	tazel.	1	ONS	SET AND DEATH
	200 X	DUE 1	10 0		1				
	Conditions, if ony		b) Ulner -1	ice	Arley	-seler	-5:0		
	stating the unde		0 0	1	12 11	>			
	last.)	(a) Dia Dal	12 1	7-6/10	43			
NOL	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO T	THE TERMINAL DISEASE CO	INDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED?
CERTIFICATION	20o. ACCIDENT WA	S LINDEDLYING [20b. DESCRIBE HOW INJU	DA UCCIIDDED	(Enter nature of injuny in	Port I or Part II a	f item 10 \	1 76	S NO
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBE NOW 1190	KI OCCORRED.	(Enter hotore of injury in	ron i oi rait ii o	11 HeIII 10.)		
		MEDICAL EXAMINER) URY Month, Doy, Year	20d. INJURY OCCURRED	20a PLA	CE OF INJURY (Home, far	m. 20f. (Cit	ty or town)	(County)	(Stote)
MEDICAL	Hour o.		While Not While		ory, street, office bldg., etc		y or town;	(Coomy)	(31016)
		****	ot work at work ital) attended the decea	sed from A	ust.	19 <u>64</u> , ta_	nall	1967 th	at (1) (wa) la
		eceased alive an			death accurred a	1 // AM, fr	am causes a	nd an the date	stated abov
	22o. SIGNATURE	: 11	11/	1	ATTENDING	MED	CYAFF	22b. DATE SIGNE	D
	(Mudan	1 + rang	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5/10	107
	22c. PHYSICIAN'S NAME (Type		and Frat	RALEL	22d. ADDRESS	al Arts	Bldg	Balto	Ma
22.	DUDIAL CDEMATI	ON TOOL DATE THE	Too name of	SCHELLDA OD					
230	REMOVAL (Specify	1)		CEMETERY OR	LKEMATUKI .		ON (City or Tow		
24	Burial FUNERAL DIRECTO		967 Park	rood	1 25c psr	D BY REGISTRAR	Tille,	Balto C	o., Md
H	.W.Jenk	ins & Sons	s Co. 4905)	Jork R	d. MA	1 2 196	7 400	isvery Je	idge
			Balto 12. Mo	d.	DATE	2 10 100	//		-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15



06331

CERTIFICATE OF DEATH

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- 1	W B			1	16

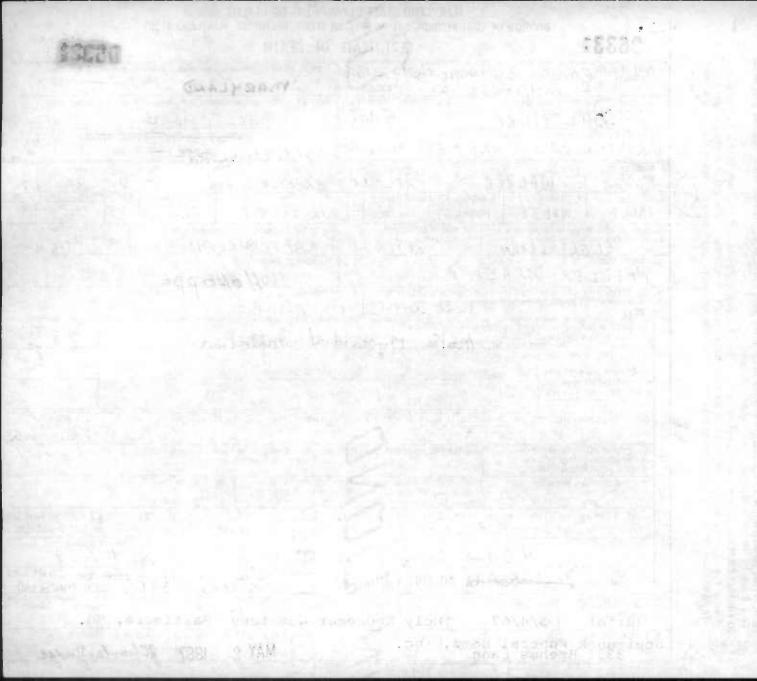
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.		the attending physicion and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pagés Fogd 2	should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.
TAL OR ATTENDING PHYSICIAN: The low require	Poge 4 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signe	poge 3 should be detached for use as the burio	be filed with the State Dept. of Health prior to burio
TO HOSPIT,	Poge 4 mc	TO FUNERA	director, p	should be

VR A15 (4) 25M 1/67

di pi

1. PLACE OF DEATH P. Dealer Baltimore Medical Certain b. COUNTY Baltimore . \$ MARYLAND b. CITY OR TOWN (If outside cornorate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) 5 days BALTEMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? GREATER BALTIMORE MEDICAL CENIER YES NO [NAME OF First Middle 4 DATE Month Year DECEASED PAILLIF WALTER KRAETER MAY Kr DEATH IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months WHETE 12.28.0 WIDOWED DIVORCED 65 Yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? BALTEMORE, MARYL ELECTRECEAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI KRAETER. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dotes of service) 220-30-1568 H1370RY NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse last 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO D 20o. ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INITIRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While at wark 1967 to_ 5. 12, 19 12, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from u. 27. 19 67, and that death occurred of 12.451 M, from couses and on the date stated above. sow the deceosed olive on. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS L701 NORTH M. USHA KUMARI NAME (Type) STREET 8-BALITMORE, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (State) Baltimore. Md. 5/4/67 Holy Redeemer Cemetery 24. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331 Brehms Lane 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1967



funeral TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in ty director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF 332

CERTIFICATE OF DEATH

1+om #8 Pt1 - F0 300 P75	
1. PLACE DF DEATH 2. COUNTY Baltimore MARYLAND	72. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Summit Nursing Home, 98 Smithwood Ave.	93 Bali Road ON A FARM?
3. NAME DF First Middle DECEASED (Type or print) Dora	Krantz DF Month Day Year B DF May 8 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Female White WIDOWED DIVORCED	May 20,1886/ 8. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Work in Bakery Bakery	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Late Frederick Schmelz	Margaret
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address
no (1798s give war or dates of service) 214-10-0490A Mr.	. Frank M. Krantz, 107 McAlpine Bd., Ellic
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	HROMBOSIS, ACUTE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MINOMINA JECIZ STORIES
Conditions, If any, which (b) MYO CARDIAL I	THE FARCTION, RECENT SNEEKS
gave rise to immediate cause (a), stating the underlying cause last. DUE TO A RTERIO SCL	EROS S 10 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING TO	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC 40 20c. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	10/23 1968 to 5/8, 1967, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 196, and that	death occurred at DM, from the causes and on the date stated above.
22a. SIGNATURE R. Zulaler M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type) Paul R. Ziegler	22d. ADDRESS 200 Chestnut Hill Dr., Ellicott City, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial May 11,1967 London Park	Baltimore, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	City 9 1967 Clarks India
Harry H. Witzke, 321 Columbia Pike, Ellicott	City DATE MAY 9 1967 fclientes Judge

5 (4) 1/65 A15

4-17-17-13 P 13.0 Petrovil 17 / 150 MADRICO THE TO SOLL OF and the state of t State of the last of the party state And the State of the State of Control Day to Hill smuggi toll a by a steer parent in the the property of the same of the same The Marie and the state of the section of the secti

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH OF 06333 CERTIFICATE DEATH

1.	PLACE DF DEATH a. COUNTY					2. USUAL RESIDEN	CE (When	e decease	d lived, If Ins		esidence	before a	dmission)
		timore		MARYLAI	ND	Maryl	and		I	Baltin	nore		
	b. CITY OR TOV	VN (If outside corpora L and give nearest tov	te Ilmits,	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOWN (I	f outside	corpora	te limits, wr	Ite RURAL	and gly	e neare	st town)
	Dun	dalk	/11.)	4 Months		Dunda	lk			12	. /		
-	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not In	hospital, give street add	ress)	d. STREET ADDRESS				- Re-	0		SIDENCE
1		ortship Roa				1835 Portship Road						ES	FARM?
3.	NAME DE	F	rst	Middle		Last		TE	Month	1	Day	Ye	ar
	(Type or print)	Mabe	1	May		Krantz	DF	EATH	May		2	19	67
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	718	B. DATE OF BIRTH	1	9. AG	E (In years	IFUNDER	1 YEAR		
	Female White WIDOWED TO DIVORCED					9/24/98		68		Months	Deys	Hours	
108	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY					11. BIRTHPLACE (C	County & S	itate, or f	oreign country) 12. C	TIZEN (DUNTRY	F WHA	T
uu	Housewi		(d)	INDOSIKI		Virginia				U	S.A.	•	
13	FATHER'S NAI					14. MOTHER'S MAI		E					
	Louis	Lanham				Ida Bell	e Wri	ght.					
15	MACDEOFACED	FIFE IN II O ADMED CO	PCES? 16	6. SOCIAL SECURITY NO. 1	17	INFORMANT (Son		-6,10	Addre	Mary	lend	270	122
(Y,	s, no, or unkown)	(If yes give war or dates	f corvice)	13-30-4334				21 0					
						lvin Krantz	, (10	24 CI	restshi	re Ho	F-100		
7				line for (a), (b), and (c).]		1 -1		Λ			INTE	ET AND	DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE		teno carcio	n O in	na of abo	domi	nal	Cavit	4.	5	Jon.	el
	175	O DUE	-	0 1		1 1 1 0	11		(1.	3	""	mono
	Conditions, If		0	everely met	asi	ratic, prob	ably	ori	gindle	X.			
	gave rise to		(b)	m ovarie			4	- 0	1				
	cause (a),										193		
Z	underlying cau		(C)	BUTING TO DEATH BUT NO	FDELA	TED TO THE TEDMINIAL	DISEASE	CONDIT	ION CIVEN IN	PART 1(a)	119.	WAS A	UTOPSY
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITT	ON 3 CONTINI	BOTTING TO DEATH BOTTING	MELA	TED TO THE TERMINAL	DISEASE	CONDIT	I ON GIVEN III	I All I Z(w)		PERFO	RMED?
100											YE	S	ND X
E	OR CONTRIBUT	WAS UNDERLYING T	TH 2Db.	DESCRIBE HOW INJURY	occu	RRED. (Enter neture o	of Injury	In Part	or Part II o	of Item 18	.)		
	(IF EITHER, NO	TING CAUSE OF DEA	NER)										
MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 200	PLA	CE OF INJURY (Home, f	arm, 20	of. (Cit	y or town)	(Co	unty)		(State)
8	Hour a		While at wo	e my not wate my	Tacto	ry, street, onice blag.,	etc.)						
×					. 7	.1.10	1965	A- /	Tay 2	196	7 1	ot (I)	tool (aud
	21. I certi	ity that (I) (this nos	pitell atten	ded the deceased from					0	,	/		(we) last
	saw the do	eceased alive on A	price 2	8 19 67 , and	tna	death occurred at	4.15 M	i, Trom	tne causes	and on t	TE CIO	State	d appae.
	220. SIGNATO	1/1	00.0	40.		ATTENDING X	MED.		STAFF	22b. D	5/2/	57	
	OOS PHYSIOL	1700g	und.	Logura	M.D	PHYS. ADDRESS	DIRECTO	DR 📋	PHYS.			-	
	22c. PHYSICI NAME (h Golm	ing /	V D		n Tar	100	Dundall	- Ma	27	222	
_					M.D								
23	BURIAL, CRE REMOVAL (SI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM				LOCAT	TION (City, to				State)
	Burial	5/5	/67	Gardens of	Fa	ith Cemeter	У		Ba	Ltimo	re,	Mary	Land
	. FUNERAL DIR			ADDRESS					AR 25b. R				
J	ohn J. D	Md.	21222M/	11 4	19	67 00	lease	a, (ude	-			

VR A15 (4) 15M 4-64

death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06334

CERTIFICATE OF DEATH

necau.

										2 4 2 2 2	100
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dec	eosed lived, if instit		ence before od	mission)
		owson		MARYL	AND	Mary1	and	b. co	-		/
ŀ	CITY OR TOWN (If autside carparate limits	,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If au	itside corp	orate limits, write R	URAL and gi	ve neorest to	wn)
		d give nearest town) imore		17 day		Balti	maxa	21218		30-	4
-		TAL OR INSTITUTION (If no	t in hospi		5	d. STREET ADDRESS	more			e. IS	RESIDENCE
		R BALTIMORE				1655	Argo	nne Drive	2	YES	N A FARM?
	AME OF	Fir	st	Middle		Last	4. DATI	Mo	nth	Doy	Year
(Type or print)	Harrie	tta	N.M.N.		Kress	OF DEAT	тн Ма	ay	24	19 67
S. 5	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		The second second	UNDER 24 HRS.
	Female	White	WIDOV	WED [X] DIVORCED		2/1/1884	- 50	83 birthday)	Months	Doys H	ours Min.
10a.	USUAL OCCUPATION	N (Give kind af wark done	10	Db. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)	12. 0	CITIZEN OF WH	TAT
duri	ng most of working Homemal	life, even if retired)		INDUSTRY		Baltimor			(OUNTRY?	Δ.
	FATHER'S NAME					14. MOTHER'S MAIDEN		ar y rand		0.0.	7220
	W+11+	iam Simmons				Price, F	Jarri	etta			
15	WAS DESTACED TVS	COLOR OF THE STATE OF THE OF		16. SOCIAL SECURITY NO.	17 IN	FORMANT			dress		
(Ye	s, na, or unknawn)	(If yes give war or dates o	f service)				.1 04				
_				217-30-4984		Mr. Richar	a 51	mmons	Same	as pat	
		EATH (Enter anly one cau TH WAS CAUSED BY:									AL BETWEEN AND DEATH
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	Conditions, if ony		(b)								
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	stating the under	, ,	(c)								
				ING TO DEATH BUT NOT RELA	TED TO TE	IE TEDMINAL DISEASE COL	UNITION C	IVEN IN DART I(a)		19 WA	S AUTOPSY
8	PART II. OTHER 3	IGNIFICANT CONDITIONS C	UNIKIDUII	ING TO DEATH BUT NOT KEEK	IED IO II	TE TERMINAL DISCASE COI	NOTITON G	IVER IN PART I(U)		PER	REDRIMED?
B										YES	NO [
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	201	b. DESCRIBE HOW INJURY OCC	CURRED. (I	inter noture of injury in	Part I or I	Part II of item 18.)			
		MEDICAL EXAMINER)									
MEDICAL		URY Manth, Doy, Year	21			OF INJURY (Hame, farm		(City or town)	(0	Caunty)	(State)
MED	Hour'a.	10		While Nat While twork at wark	facta	ry, street, office bldg., etc.					
		1154		ttended the deceased f	ram	5/8/_,1	967	ta 5/2	24 19	67 that	(I) (we) las
		eceased alive an	pilal) al	5/24 19 67, ar	nd that	death accurred at	2:55	pM, fram cause	s and an	the date st	tated abave
	220. SIGNATURE	115	/	1.		ATTENDING	MED.	STAFF	22b.	DATE SIGNED	
		tohu L.	HH	dun	M.D.	PHYS.	DIRECTOR		X	5/24/6	57
	22c. PHYSICIAN		-			22d. ADDRESS					
	NAME (Type	John E.	Adam	s, M. D.		Greater	Balt	imore Me	dical	Center	c
23n	BURIAL, CREMATI			23c. NAME OF CEMET	ERY OR C	REMATORY	23d.	LOCATION (City or	Tawn)	_(County)	(Stote)
30 "	BEMOVALIS ecify					Cemetery		Baltin	nore,		(/
24	FUNERAL DIRECTO	DR /	7	ADDRESS		2Sa. REC'I	D BY REGI	STRAR 25h	PEGISTRAR'S	SIGNATURE	100
1	eonard	J. Ryck, In	c. B	1to. 212	14	DAMA	29	1967	PEGISTRAR'S	to Jus	7
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and it any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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÷	01 +				H (Enter anly one couse WAS CAUSED BY:	per line for	(a), (b), and (c).)			-10		0			VAL BETWEEN T AND DEATH
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一門	use the	2	ATI0											YES	
Z º	icate he far use Health		CERTIFICATION	20a, ACCIDENT WAS UN	JDERLYING 🗆	20h DE	SCRIBE HOW INJURY (OCCURRED	Enter nature o	of injury in Po	rt I or Port	II of item 18.)			
PHYSICIAN e hospital	tipes topic		ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 00.	Serior Moore	o ccommon.	(2.110) 1101010 0						
Sign				(IF EITHER, NOTIFY ME	DICAL EXAMINER)										
H	his ce etache Dept.		MEDICAL	20c. TIME OF INJURY	Manth, Doy, Year		JURY OCCURRED		CE OF INJURY (20f.	(City or town)	(Cor	unty)	(State)
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20	700		-				led the deceased	and that	Josh and	, 170	15 AM	from source	, 17 <u>5</u>	Z IIIu	stated abave.
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e 0	olke 3				11101116	10	64	J.M			RECTOR	PHYS.	46	-/-	6/
1 ×	AL DIII			22c. PHYSICIAN'S					22d. AD	DRESS	THUI				
E	RA pe	/		NAME (Type)	WM. WO.	NG			680	11.136	CLAL	12 Rd			
TO HOSPITAL OR Page 4 may be re	director, pa	/	230	BURIAL, CREMATION,	23b. DATE THER		23c. NAME OF CEM	AETERY OR				CATION (City or	Town	(County)	(State)
H	Fe		230	REMOVAL (Specify)						3500			10 Will		
000	5 P 2	0			June 3,	1967	Wiesburg	Ceme	tery			imore			yland
	R A15 (4)	M		FUNERAL DIRECTOR	1 PM	- 105	ADDRESS			2So. REC'D E			REGISTRAR'S S	IGNATURE	
2	5M 1/67	D.	Wr	i. Cook-Br	ooks Towso	n, Tor	son, Md.	21204		DATE JUI	N 5	1967	gelian	LAS)	udge
			-			LUN	DULL PILLS	4-4-0							

ace. Reso 7 THE RESERVE OF STREET

06336 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY BALTIMORE 2, and 3 to PM3. Page MARYLAND delay b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b Randallstown 4 yrs d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) shauld be farwarded to the Chief Medical Examiner's Office along with farm Tulsemere Road Give Pages 24 haurs after death. NAME OF First Middle DECEASED the ROBERT LEE **KRUSENKLAUS** (Type or print) File pages 1 and 2 with S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** pencil in Item 18. death. Male White WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Gen Elec Supply event within 72 haurs after 13 FATHER'S NAME be executed within John Krusenklaus .= IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) pending" 400-38-1755 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if onv. which gave

rise ta immediate cause (a).

stoting the underlying cause

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING

deoth resulted fram:

aboutour em. 5-19

CAUSE OF DEATH.

SIGNATURE

EXAMINER'S

NAME (Type)

23o. BURIAL, CREMATION

IMMEDIATE CAUSE (a)

DUE TO

DUF TO

1967

5/23/67

Natural causes

20d. INJURY OCCURRED

Not While at wark

Accident

Calvary

23c. NAME OF CEMETERY OR CREMATORY

While

Charles S. Springate, M.D.

at wark

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence by Maryland b. COUNTY BALTIMORE c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Randallstown d. STREET ADDRESS IS RESIDENCE ON A FARM? 9716 Tulsemere Road NO X DATE Month May 67 DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 35 vrs Manths Hours 5/25/31 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRYS A Kentucky 14. MOTHER'S MAIDEN NAME Helen Carr 9716d Tulsemere Rd. Betty Jo Krusenklaus Randallstown, Md INTERVAL BETWEEN ONSET AND DEATH Gunshot wound of head WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Shot welf in head 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, affice bldg., etc.) Md. Baltimore 21. I certify that I took charge of the remains described above, held on Autapsy [Inspection X Inquiry . and in my opinion Suicide X Undetermined manner Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER May 20, 1967 Address (Street, city, tawn, or county)

23d. LOCATION (City or Town)

Jefferson Ky.

REGISTRAR'S SIGNATUR

Louisville

VR A15ME (5) 6M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	06337		CERTIFICATI	OF DEATH		9	6327				
0.		altimore	MARYLAND	o. STATE Mar	Where deceased lived, if institute b. COU	YTAL		V			
b.	CITY OR TOWN (I	f autside corparate limits, give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
-	atonsvi	lle	27yr3mth7dys	11	8			CIDENIZE.			
		AL OR INSTITUTION (If not in b		d. STREET ADDRESS	ndon Street		e. IS RES ON A YES	SIDENCE FARM? NO [2]			
DI	AME OF ECEASED ype ar print)	First	Middle	Last Kuszlis	4. DATE Mor		Day Y	feor			
S. SE			MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF UND	ER 24 HRS.			
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during F &	mast of working	(Give kind af wark dane life, even if retired) orker	10b. KIND OF BUSINESS OR TALLOW Shop	Lithuan	& Stote, or foreign country)	12. CIT COL U •	IZEN OF WHAT				
	ATHER'S NAME			14. MOTHER'S MAIDEN I							
	aichael		1/ COCIAL CECUPITY NO. 17	Antoinet	te Sherpenska	ress					
(Yes,	no, ar unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates af serv	ice)	_	ring Grove St		spital				
		ATH (Enter only one cause pe H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	r line for (o), (b), ond (c).) Pulmonary embo	li			ONSET AND				
1	onditions, if ony, ise to immediat	e cause (a), (Due To									
	ast.	(c) _									
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)		19. WAS AU PERFOR YES 🔀	TOPSY MED? NO			
CERT		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 1B.)						
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10		CE OF INJURY (Home, farm tary, street, affice bldg., etc.)		(Cou	-	(State)			
		fy that ‡t) (this haspital eceased alive an <u>M</u>	attended the deceased fram_ 19_67, and the	Feb. 9, , , it death accurred at	3:55 M, fram causes	10, 19_s and an th	that (t)	(we) las ed abave			
	22a. SIGNATURE	Anting	Mary	D. PHYS.	MED. STAFF DIRECTOR PHYS.		TE SIGNED				
	22c. PHYSICIAN'S NAME (Type)	Anthony	J. Young, M.D.	22d. ADDRESS Baltim	Spring Grove ore, Maryland	State 21228	Hospit	al			
	BURIAL, CREMATIC										

18

DAMAY

23, ml.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fined in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06338 the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond PLACE OF DEATH o. COUNTY Baltimore MARYLAND Ma ryland Bal timore b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) RURAL Baltimore City RURAL Baltimore City e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Bowleys Quarters Road 221 Bowleys Quarters Road YES NO X 3. NAME OF 4. DATE First Middle Lost remove carbon DECEASED ANTHONY T. A G May 67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Months Hours Jan. 17, 1888 malle white and in ony WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

cement finisher, retired INDUSTRY COUNTRY? Italy 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. offending phys Lagna Dominica. 16. SOCIAL SECURITY NO 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 214-01-2010 0 Mrs. Rose Martin -- 221 Bowleys Quarters Rd. - 20 cremotion. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the buriol-transit p buriol, cremoti ONSET AND OF PART I. DEATH WAS CAUSED BY: thot IMMEDIATE CAUSE (o) DUE TO ATTENDING PHYSICIAN: The low requires Conditions, if any, which gave rise to immediate couse (a). OUE TO use as the toolth prior to be stoting the underlying couse 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) etached for use Dept. of Heolth p NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) State at work be filed with the Stat 1964, to May 8 . 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram Se 19 1. 7, and that death occurred at 2 30 M, fram causes and an the date stated abave. saw the deceased alive an Moz. 22b. OATE SIGNED 22o. SIGNATURE STAFF PHYS. M.O. DIRECTOR PHYS

22c. PHYSICIAN'S NAME (Type) Dr. John W. Ashworth

23b. DATE THEREOF 5/12/67. 23c NAME OF CEMETERY OR CREMATORY Gardens of Faith Cemetery

23d. LOCATION (City or Town) Baltimore. Md.

29 St. Paul St., Balto., Md.

(Stote)

REMOVAL (Specify) 24. FUNERAL DIRECTOR

23o. BURIAL CREMATION.

Leonard J. Ruck, Inc .-- Baltimore, Md .-- 14

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certi-director, page 3 should be detached director,

VR A15 (4 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06339

CERTIFICATE OF DEATH

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-	1	w	44	400	-	

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PLACE OF DEATH a. COUNTY		MARVIANA	O STATE	Where deceased lived, if institution: Resi	idence before odmissian)
h CITY OF TOWN	Baltimore (If outside corporate limits,	MARYLAND C. LENGTH OF STAY IN 15	Mary		
write RURAL a	nd give negrest town) Cationsville	C. LENGTH OF STAT IN 10		utside corporate limits, write RURAL and	give neorest town)
	ITAL OR INSTITUTION (If not in ho	aspital, give street address)	d. STREET ADDRESS	LIIIOZO	e IS RESIDENCE ON A FARM?
	Nook Nursing Ho		2409 Anna	polis Rd. 21230	ON A FARM? YES NO
3. NAME OF	First	Middle	last	4. DATE Month	Doy Year
DECEASED (Type or print)	Mynard	E.	Lake	OF DEATH May	28 1967
S. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
Male		DOWED DIVORCED	2/17/85	82 yrs.	
1Do. USUAL OCCUPATIO	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	/ & State, or foreign country) 12.	. CITIZEN OF WHAT COUNTRY?
Financia	glife, even if retired)	TUOE	New Jer	sev	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Edwin			Cather	ine Maney	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?) (If yes give war ar dates of service)	16. SOCIAL SECURITY NO. 17.	. INFORMANT	Address	21230
No	(ii yes give wai ai dates of service	212-10-6176	Mrs. Dorothy	M. Orem 2409 Ann	napolis Rd.
	DEATH (Enter only one cause per	line for (o), (b), and (c).)			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arteusclaration	cardiavas	rular derail	ONSET AND DEATH
43=1					
Conditions, if on	y, which gave) (b)				
rise to immedia	ofe couse (a), (
stoting the und	lerlying cause (c)				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO	\$	Disbette hell	tu		YES NO Z
	AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Part II of item 18.)	
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)				
3 2Dc. TIME OF IN	JURY Manth, Doy, Year	2Dd. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m. 20f. (City or town)	(County) (Stote)
Hour d	o.m. 19		actory, street, affice bldg., etc.		(100)
21. 1 cert	rify that (I) (this haspital)	attended the deceased from_	March 28,	1967, to May 28, 1	9 <u>67</u> , that (I) (we) last
saw the	deceased alive an	128 1967, and th	at death accurred at	1 <u>10.P.</u> M, fram causes and or	n the date stated above.
22a. SIGNATUR	0 1	1=1=	ATTENDING	MED. STAFF 22b.	. DATE SIGNED
Je	there had	W O	M.D. PHYS.	DIRECTOR PHYS.	7-31-67
22c. PHYS/CJAN NAMB(Typ		1 1 .	22d. ADDRESS	1 1 D 1	
MANUES 1 Ab	e) John A. Nes	bitt JR.	1009 Free	derick Road	
230. BURIAL, CREMAT	TON, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
Burial (Speci	6/1/67	Meadowride (Cemeterv	Baltimore	Md.
24. FUNERAL DIRECT		ADDRESS		D BY REGISTRAR 25b. REGISTRAR	
Howard	H. Hubbard	4107 Wilkens Ave	21229 DATE 111	NO 1007 Miles	was Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please semone carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afters Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

Base of Browning 1 - 68830

end Comb

The state of the control of the state of the

any deloy is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Hanth prior to hursal cromotion or removal and in any event within 72 hours ofter death. Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. 5 may be retoined far your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96340

BARDICAL	EVALUATION	CENTIFICATE	OF DEATH
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

0	1070	100	1770	-	
7.1	Sec.	-3	-	43	
1.9	7 8	0.8	. 0	22	

									311/	
PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE	(Where de	ceased lived, if institu		nce befor	e admissio	in)
0. (00)111	Baltimore		MARYLAND		rl and	0. 000	3300	1/6/10	MPA	
b. CITY OR TOWN	(If autside carparate limits and give nearest town)	1 . 77	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IL d	utside car	porate limits, write Rt	IRAL ond gi	ve neares	t town)	
write RURAL or	nd give nearest town) Dunc	lalk		Dundall	<u>~</u>		1	2.1		
A NAME OF HOSDI	ITAL OR INSTITUTION (If not in I	- lasiana -	ive street address)	d. STREET ADDRESS				- /	e IS RESID	ENCE
d. NAME OF HOSFI	HAL OK INSTITUTION (II NOT IN T	iaspirai, g	ive street address)	U. SIKEEL ADDRESS	7245	Holabird	Ave		ON A FA	ARM?_
	7245 Holabir	d							YES	NO [
3. NAME OF	First		Middle	Last	4. DA	TE Mor	ith	Doy	Yeo	or
(Type or print)	WY2772 T	T			OF DE	ATH Man C	100		19	
111 1 7	6. COLOR OR RACE 7 A	AARRIED		B DATE OF BIRTH	-	9. AGE TIN years	67 UNDER	RIYEAR	IF UNDER	24 HRS
male	white		NEVER MARRIED	July 16 19:	1.4	last bighday)	Manths	Days	Haurs	Min.
		IDOWED		Tu pipulpus (C.)	-	DW yrs.	1 10 6	1717511 01	MILLAY	
IDa. USUAL OCCUPATION during most of warking	ON (Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (State	e ar fareig	gn country)		ITIZEN OF OUNTRY?		
Fam	Charl Charl		eth Steel	Danna				OUNTER!		
13. FATHER'S NAME	Willam Lane		ant preer	14. MOTHERS MAIDEN Nell O To	NAME					
	Willam Lane			Nett 0 L	oore					
TO THAC DECEASED OF	/ER IN U.S. ARMED FORCES?	1 14 0	SOCIAL SECURITY NO. 17.	INFORMANT		Addi	220			
(Yes, no, ar unknown)	(If yes give war or dates af serv		Te	erry P Lane	7245					
	DEATH (Enter anly ane cause pe	r line far	(g), (b), and (c).)	200					ERVAL BET	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(DKONAY 6	rcelusin	^				SET AND D	TAIL
420	- /		11 AT	en C-V.						
Canditians, if an	which cave		Lipidling	12 C-V.	- L)ISEAS &		_		
rise ta immedia			J 9 Secure	. 1						
stoting the und	lerlying cause									
last.) (c) _							1		
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOITION	GIVEN IN PART 1(a)		19.	WAS AUTO PERFORM	SPSY FD?
2Da. EXTERNAL (PRIMARY or C			X					Y	ES 🗍	NO P
2Do. EXTERNAL O	CAUSE WAS	20b DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar	Part II of item 1B.)	-			
PRIMARY Or C			000	-	5	,				
CAUSE OF DEATH		001 111	Was a Country of the	or or humay the		DI 15:1 - 1 - 1	10	·		(C) \
20c. TIME OF IN	JURY Manth, Day, Year	While		CE OF INJURY (Home, far tary, street, office bldg., etc		Df. (City or tawn)	(6	aunty)		(State)
W.	o.m. 19	at wark		10.17, 311001, 011110 0109., 011	.,		/	/_		
21. I certi	ify that I took charge of	the rem	nains described obove h	eld on Autopsy	Insp	ection \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	uiry O	ond	in my	opinior
	alted_from: Noturol co			cide . Homicide		Undetermined r	nonner [,	
deom ieso	000	0303	J, Accident [], 501	CHIEF MEDICA			TOTAL L	1		
ACTUAL	11112	111					5	1/2/	2. DATE	SIGNED
SIGNATURE	0000	NOV		M. D.				/ //	67	
EXAMINER'S				DEPUTY MEDI	7	- VI	1-1-	2/1	W	
NAME (Type)		680	o Mornington I	toan /		wit, of cooling) / /	7			
23a. BURIAL, CREMAT	TION, 23b. DATE THEREOF		23c NAME OF CEMETERY OR	CREMATORY	23d	I. LOCATION (City or T	awn)	(Caunty) (5	tote)
removal (Speci			St Johns Cen		C-	+++=3=] =	Do			
24. FUNERAL DIRECT	TOR		ADDRESS CEN	2Sa. REC	D BY RE	ottsdale	Clar	MATU	nog	-
	Fimeral Home 2	172	Damdalle Arro Da	mdo712 -441	V 1	4007		-0/	,	

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06341

CERTIFICATE OF DEATH

				m.Tr
	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm	nissian)
	(o. COUNTY DAITS	a. STATE 11 b. COUNTY 2	
		3772/0 MARYLAND	·. / / d /3/4/10	
	- 1	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest taw	/n)
	(write RURAL and give neorest town)	CATONSVILLE O	3,1
H	(d. NAME DF HOSPITAL OR INSTITUTION (If nat in hospitol, give street address)		RESIDENCE
0	1	INEWBURG AVE	MENBURG AVE YES	A FARM?
		NAME OF First Middle DECEASED	Last 4. DATE Manth Day	Year
П	(Type or print ATHERINE O. LANG	S DEATH MAY 17	1967
	5. 5	SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED E		NDER 24 HRS.
		7 WIDOWED DIVORCED	9/29/8/ lost birthday) Months Days Ha	urs Min.
	1Da.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA	AT
	duri	ng most of warking life, even if retired) INDUSTRY	(OUNTRY?	
	12	FATHER'S NAME		a.
	13.	TATILK 3 NAME	14. MOTHER'S MAIDEN NAME	
	-	JOHN INGALLS	ALVERDIA YOUNSON	
	15.	WAS DECEASED EVER IN U.S. ÁRMED FORCES? 16. SOCIAL SECURITY NO. 17. II s, na, ar unknawn) (If yes give war ar dates af service)	NFORMANT Address	
	110	s, no, or orientawn) (if yes give wor or orders or service)	PS T. ALLAN MUID	
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		BETWEEN
		PART I. DEATH WAS CAUSED BY:		ND DEATH
		IMMEDIATE CAUSE (a) Chemia /e	Mydramon	
		DUE TO	the state of the s	
		Conditions, if any, which gave rise to immediate cause (a),	erizacurosis - sines	
		stating the underlying cause DUE TO	1. 1.0	
		lost. (c) Christic Ce	arollac failells	
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY
2	CERTIFICATION		V PERF	ORMED?
-	FIG	2Do. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (- A
	RT	OR CONTRIBUTING CAUSE OF DEATH	Enter nature of injury in Part I ar Part II of item 1B.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
3	MEDICAL		E OF INJURY (Hame, farm, 2Df. (City ar tawn) (Caunty)	(State)
	ME	Haur a.m. p.m. 19 While Nat While at wark	ary, street, affice bidg., etc.)	
		21. I certify that (1) (this haspital) attended the deceased fram	in the Millian in the	I) (we) last
			death accurred atM, fram causes and an the date sto	
		229 SIGNATURE	22b. DATE SIGNED	area abaye.
3		Milliam 1. Drypon M.D	ATTENDING MED. STAFF	11
	4	22. PHYSICIAN'S M.D.	PHYS. LE DIRECTOR LI PHYS. LI 8 MAY	9
		NAME (Type)	220. ADDRESS	/
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County)	/5a=4a3
	200.	REMOVAL (Specify)		(State)
0	6	URIAL 3/1/10/ 1VES/E.	RN BALTO, Mc.	
	24.	FUNERAL DIRECTOR 301 FREDERICK	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
1	1-	5. MALNABIS	DATMAY 9 9 4007 PM	4 - 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carban papers. Pages hand should be filed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any event, within 72 hours after-eat

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

			DIVISION OF V	TIAL RECORDS, 301 W. I REST	ON STREET, DALTIMORE	, MARTEAND ZIZOI	00
		06342	1	CERTIFICAT	E OF DEATH		05332
)	1. [PLACE OF DEATH	altime	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if institution b. COUNTY	
	ŀ		ide corporote limits, peacest town)	c. LENGTH OF STAY IN 16	c. CITY OR DOWN (If outside	e orporate limits, write RURAL	and give nearest town)
6	1	recter	INSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS	Mull ?	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Karey	Elizabeta	Latte 4.	DATE Month OF DEATH	Day Year /2 1967
	S. S	7 6.S		ARRIED MVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	duri	. USUAL OCCUPATION (Give ing most af working life, ev		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	ite, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	EATTHER'S NAME	les X	athe	14. MOTHER'S MAIDEN, NAM	Enrus	
		was Deceased Ever IN U		(e) 16. SOCIAL SECURITY NO.	attent	Clare	+
		PART I. DEATH WA		line for (a), (b), and (c).)	ic Vascue	ar Diseo	ONSET AND DEATH
		Conditions, if ony, which		Congestine	Heart To	ilure	
		rise to immediate cau stating the underlying last.		achte mis	condial	in subey	con
1	ATION	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	JSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part	I or Part II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY N Hour o.m. p.m.	onth, Day, Year 19		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
		saw the deceas		attended the deceased fram.			L, 19 <u>67</u> ,that (I) (we) las d an the date stated abave
Ì		220. SIGNATURE		go gor		O. STAFF PHYS.	22b. DATE SIGNED 5-12-67
			ROBERT	IMALGREGOR ENSOR	- Ger Rone	luishe the	lis as Centre
		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OF	en Cemeles	23d. LOCATION (City or Town)	ille Mix
	24	FUNERAL DIRECTOR	W/ V/n	ADDRISS	25a. REC'D BY		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.

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VR A15 (4) B

Leitens Extra Letterne & deep Legen Will Lord Dreater Heltenswhredigt was no mile took Mary Elizabeth Fitte 5 12 7 Cent & 5/21/889 78 nd teltinow not Charles Hathe - Mohamon Patient Chart

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7 -:		00349			CERTII	FICATE	OF DEATH			-053	33
y event, within 72 haurs after death		PLACE OF DEATH D. COUNTY Baltime	nre		MAP	YLAND	2. USUAL RESIDENCE (V	Where deceased liveral	ed, if institution: Re b. COUNTY	esidence before Balt:	
affe				I c. l	ENGTH OF STAY		c. CITY OR TOWN (If ou		its write RURAL on		
SI		o. CITY OR TOWN (If outside of write RURAL and give near Baltim	est town)		20 D			imore, N			
		I. NAME OF HOSPITAL OR INST		spital give st		ays	d. STREET ADDRESS	.Illore, r	aryrand	21221	
56								04411	n 1	\ \ \ \	IS RESIDENCE ON A FARM?
1	2	VAME OF	r Baltimo:	re Med	Middle	nter		Stillwat	Month		ES NO X
		DECEASED		T303	Middle		Last	OF DEATH		Day	Year
	5.	Type ar print) FX A COLOR	MARGARI OR RACE 7, MA	ARRIED X	NEVER MARRIE		LEBRUN DATE OF BIRTH		May (In years IF U	NDER 1 YEAR	19 67 IF UNDER 24 HRS.
				OOWED	DIVORCE				birthday) Mon		Hours Min.
	100	Female W. USUAL OCCUPATION (Give kind			F BUSINESS OR	الا	7/16/07	P State or foreign s	59 yrs.	12. CITIZEN OF	WHAT
		na mast af warking life, even if	retired)	INDUSTR					Jointy)	COUNTRY?	
	12	Housewif	2				Baltimore			Amer	ica
н							14. MUTHER 5 MAIDEN I				
	16	Henry Fr	ed Komber	1/ 60614		117 0	1500111115		Beckhold		
	(Ye	s, no, ar unknawn) (If yes give	MED FORCES?	e) 16. SOCIA	L SECURITY NO.	17. 1	NFORMANT		Address		
П		No					Patient's	History	•		
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly one cause per								RVAL BETWEEN T AND DEATH
		IMM	EDIATE CAUSE (a)	In	testina	1 0bs	truction			ONSE	T AND DEATH
		151X	DUE TO								
		Conditions, if any, which gav rise to immediate cause (a		Ca	rcinoma	of R	ectum			5.3	Years
		stating the underlying cous									
Н		last.	(c)								
,	×	PART II. OTHER SIGNIFICANT	CONTRIBI	UTING TO DE	ATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN I	PART 1(a)	19. V	WAS AUTOPSY PERFORMED?
/	CATIC										NO 🗆
X	CERTIFICATION	20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH	20b. DESCRIBI	E HOW INJURY O	CCURRED. (Enter nature af injury in	Part I ar Part II af	item 18.)		
	MEDICAL	20c. TIME OF INJURY Month.	Day, Year	20d. INJURY While	Not White		E OF INJURY (Home, farm ry, street, affice bldg., etc.)		or tawn)	(County)	(State)
		p.m.		at work		,	11 00	0.63		10 67 1	
		21. I certify that () (this hospital) alive on <u>M</u> a	offended fay 11,	19 <u>_67</u> ,	ond that	death occurred at	2:00 A, fro	m couses and a	on the dote	t (I) (we) last stated above.
		22a. SIGNATURE	1 4	1	1		ATTENDING	MED.	CTAFF	2b. DATE SIGNED)
		Y	he L.	All	eur,	M.D	PHYS.	DIRECTOR .	PHYS.	5/11/	/67
		22c. PHYSICIAN'S NAME (Type)		, .			22d. ADDRESS				
/		MARIE (19pe) JOI	nn E. Adam					ater Bal	timore M	edical	Center
,	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23	. NAME OF CEM	ETERY OR C	REMATORY		(City or Town)	(County)	(State)
3		Burgal	5/15/	67 .	Lavole	1 0	1 tarth	B,		mid.	
)	24	FUNERAL DIRECTOR	200		ADDRESS	1	2So. REC'D	BY REGISTRAR	2Sb. REGISTRA	AR'S SIGNATURE	
		11/	· Vla X		3 6	00 1	DATER A A	V 1 = 40	no mel	10 0	

	MARYLAND STATE D	EPARTMENT OF	HEALTH	
DIVISION_OF STATISTICAL	RESEARCH AND RECOR	DS, 301 W. PRESTON	I STREET, BALTIMORE	1, MARYLAND
06344	CERTIFICA	TE OF DEATH		06334

		A CHARLES IN CO.
1. PLACE OF DEATH 2. COUNTY Baltimore MARYLANO MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE Maryland b. COUNTY Prin	sidence before admission) co George 6
b. CITY OR TOWN (if outside corporate limits. 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
write RURAL and give nearest town) Catonsville 2yr2mth2@dys	Hillside, Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
SPRING GROVE STATE HOSPITAL	1492 - 49th Avenue	YES NO
3. NAME OF First Middle DECEASED	Last 4. BATE Month	Day Year
(Type or print) Ethel NMN	Leigh BEATH May 8	19 67
SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1	
	Aug. 14, 1898 last birthday) Months I	Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. RIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
uring most of working life, even if retired) INOUSTRY	COL	JNTRY?
housewife AT Home	Washington, D. C.	J. S.
3. FATHER'S NAME		
Charles Hines	Anna Lehay	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	Records: SPRING GROVE STATE	HOSPITAL
1 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	ic cardiovascular disease	ONSET AND DEATH 2 years
IMMEDIATE CAUSE (a) AT TOUR TOUR	TO OWINTOAMBONTOR GTBONDO	E Jours
DUE 10 Anteniosclenos	is, Generalized, senile	10 years
Conditions, if any, which gave rise to immediate (b)		
cause (a), stating the OUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY PERFORMED?
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL Hypertension; Left cerebral hemo	orrhage (2 yrs. ago).	PERFORMEO?
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRENCE 20c. DESCRIBE	URREO. (Enter nature of injury in Part I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Coun	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour a.m. While Not While at work at work	ory, street, office bldg., etc.)	
21. I certify that OK (this hospital) attended the deceased from		L, that X (we) last
saw the deceased alive on May 8 19 67, and that	t death occurred at M, from the causes and on the	
22a. SIGNATURE	7 d• 22b. 0A	TE SIGNEO
THURST IN MINISTER	D. PHYS. MEO. STAFF PHYS. \$ 5-8.	
22c. PHYSICIAN'S	,22d. ADDRESS SPRING GROVE STATE	E HOSPITAL
NAME (Type) Anthony J. Young, M.D.	Baltimore, Maryland	21228
3a. BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETER		
REMOVAL (Specify) 5-11-(-)	11111 6 21 161	2 (c. MD)
24/FUNERAL DORECTOR ADDRESS NO	25a. REC'D BY REGISTRAR 25b. KEGISTRAR'S	
11/1/1/ Windo 155 500 11 the	DATMAY 1 1 1967 School	-
AVIALIZATION POSTALA SERVICIO III II SI	DATE IN SOME	Challe Albania

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Remove Carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

Per Canada and Canada Care Canada Care Canada family willed the property of the family and the second where S. renowle walup wood force allowed manifestal . . among us all men to be learned , also refound to the Translation (C 17th cornbrol indicate and the corners of L. L. Breet in Stantille Solls burky all appoints for

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Milarles

1		0034	3		CEKTIFICA	TE OF DEATH			06334
1		LACE OF DEATH					Where deceased lived, if instit		
		Ba.	Ltimore		MARYLAND		nd Ba.	Itimor	
	t	. CITY OR TOWN (If autside carporate limits, d give nearest tawn)		c. LENGTH OF STAY IN 16		utside corporate limits, write F	URAL and give r	nearest town)
		Overlea	a give modress rown,		16 Yrs.	Overlea	a.	0	3.1
	(. NAME OF HOSPIT	AL OR INSTITUTION (If nat	in haspital, g	ive street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
00		109 Manor Avenue				109 Mar	nor Avenue		YES NO
	1	IAME OF DECEASED Type or print)	firs Donald	F	Middle L1	last	4. DATE MCOOF DEATH MA.	v 17.	Doy Year
	S. :		6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		YEAR IF UNDER 24 HRS
	M	ale	Caucasian	WIDOWED	DIVORCED [Dec. 23 190	last birthday) 57 yrs.		Days Haurs Min.
	10a. duri	USUAL OCCUPATION Supering	N (Give kind af wark done life, even if retired) enden t	IDb. KIII Con	ND OF BUSINESS OR CUSINY TINENTAL Car	11. BIRTHPLACE (Caunty	& State, or foreign country) No You		EN OF WHAT NTRY?
		FATHER'S NAME				14. MOTHER'S MAIDEN			**
			Henry Lin	ch		Grad	ce Curtin		
	15.	WAS DECEASED EV	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. INFORMANT	Ad	dress	
	(70	, na, or unknown)	(If yes give war ar dotes of	service) 07	0-10-4665	Catherine M.	Linch 109 Mai	nor Sver	21 206
		18. CAUSE OF D	EATH (Enter only one caus						INTERVAL BETWEEN
F		PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6	Art	teriosclerot	ic heart dise	850		ONSET AND DEATH
		4200	DUE T						
		Conditions, if ony		b) Cor	ngestive hea	rt failure			at least
		stating the unde		0				LU25	
		last.) (c)A01	ratic stenos	is and mitral	insufficienc	У	3 years
2	ATION	PART II. OTHER S	IGNIFICANT CONDITIONS <u>CO</u>	NTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		PERFORMED? YES NO
8	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Part I or Part II of item 18.)		
	MEDICAL	20c. TIME OF INJ Haur'a.		While	JURY OCCURRED 20e	PLACE OF INJURY (Hame, far factory, street, office bldg., etc		(Caun	ty) (State)
		21. I certi	fy that (I) (thischese eceased alive an	ited) attend	ed the deceased fran	n <u>1963</u> , that death accurred a	19, taDeath 2PM, fram cause	s and an the	, that (I) (xxx) lase date stated abave
		22a. SIONATURE	ford N. Kest	pake	il, Jr.	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATI	18,1967
2		22c. PHYSICIAN'S NAME (Type		N. Ki	rkpatrick	M.D. 6 East	t Eager St.		o. Md.
NO.	23a	BURIAL, CREMATI REMOVAL (Specifi Urial	ON, 23b. DATE THER		23c. NAME OF CEMETERY Sacred He	or CREMATORY eart Cemetery	23d. LOCATION (City or Balto, Md	Town) (C	Caunty) (State)
O		FUNERAL DIRECTO			ADDRESS	2Sa. REC		REGISTRAR'S SIG	NATURE

The Dippel Bro's Inc. 7110 Belair Rd.

within 24 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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		CALL 0. 1206 C		and scone ?	
	8 41	, [1]		Justine Laboration	
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BOLES enters the	art COI after	M . N entermiss	Codhect - AC	d'a	
		Suggest 1 1 100 1 1 2 2	tion materials.		
denoi sa		oneThal fin	Construction (1997)		
		l Lepths Inv. 19	ometer streets		
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STUMP OF SALES				THE WATER	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
COLOR CERTIFICATE OF DEATH

- 10341			OLITITION	IL OI DEATI	•		- V/01	
1. PLACE OF DEAT a. COUNTY	Н			2. USUAL RESIDEN	CE (Where decea			ce before admissi
Balti	more		AAADVI AND	a. STATE	. 2	b. COUN		
	/N (if outside corpor	rate limits.	MARYLAND c. LENGTH OF STAY IN 18	c. CITY OR TOWN (I	nd nutside corno		te RURAL and g	Ive nearest to
write RURAL	and give nearest to	own)	o. CLIMIN OF STATEM IN	C. CITT OK TOWN (II	outside corpe	nuto minuto, mi	to itomize and 8	100 11001001 101
Towsc				Baltim			6 30	/
d. NAME OF HO	SPITAL OR INSTITUT	ION (if not in hos	spital, give street address	d. STREET ADDRESS				e. IS RESIDEN
	osephs H			9322 0		ford R		YES NO
3. NAME OF DECEASED		First	Middle	Last	4. DATE	Month	Day	y Year
(Type or print)	Oliv	8	Maria L	ongbottom	DEATH	5	4	1967
5. SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years)	IF UNDER 1 YEAR	
F	W	WIDOWED		March 4.	1882	last birthday)	Months Days	Hours MI
10a HEHAL OCCUPA	I TION (Give kind of wor		ND OF BUSINESS OR	11. BIRTHPLACE (C		OLyrs.) 12. CITIZEN	LOE WHAT
during most of work	ing life, even If reti	red) INI	DUSTRY	11. BIRTHPLACE (C	ounty & State, o	r toreign country)	COUNTR	Y?
Housewi	fe	Own	Home	Pa.			U.S	5 . A .
13. FATHER'S NAM	1E			14. MOTHER'S MAIL	DEN NAME			
Samuel	Maclada			Somoh F	Cambas	0		
	EVER IN U.S. ARMEDI	FORCESS 16 C	OCIAL SECURITY NO. 17	Sarah E.	del.pel	Addres		
(Yes, no, or unkown)	(If yes give war or date	s of service)						
No		220	-118-27.33 B	.Bruce Lon	gbotto	m	Above	
J 18. CAUSE DF	DEATH [Enter only o	one cause per lin	e for (a), (b), and (c).]				INT	ERVAL BETWEE
PART I. D	EATH WAS CAUSED E	BY: Ea	1 dis - 317	peulon		0 1	ON	SET AND DEAT
447	IMMEDIATE CAUS	E (a) 40 au	Late UZ	weucar	sien	-		20 yr
7 100/	DU	ETO	111	7 .			-	9
Conditions, If		(b)	144/200	ansio	W)		~	- 67
gave rise to cause (a), s		E TO	10					
underlying cau	turing the		0					
		(c)	ING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASECONDI	TIONGIVENINI	PART 1(a) 19.	. WAS AUTOPS
E		TOMS CONTRIBUT	ING TO DEATH BUT HOTKE	LATED TO THE TERMINAL	DISEASE CONDI	HOM GIVEN IN	ART 2(0)	PERFORMED
0	rong			Color III			Y	ES NO
20a. ACCIDENT	WAS UNDERLYING	ATU	ESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f Injury in Pari	l I or Part II of	Item 18.)	
S (IF EITHER, NO	ING CAUSE OF DETIFY MEDICAL EXAM	INER)	none					
	INJURY Month, Day	1		LACE OF INJURY (Home, f	arm 20f (C	Ity or town)	(County)	(State
ZOC. TIME OF Hour a. p.		While		tory, street, office bldg.,	etc.)	12, 01 201111,	(000)	(0.10.0
p.	m. 19		at work					
21. i certi	fy that (I) (this ho	spital) attended	d the deceased from_	1	941. to	May	4/19/71	hat (I) (we) I
	ceased alive on		1419 7, and th	at death occurred at		the causes		
22a. SIGNATU		1	and th	at acath occorred at	South, Iron	the caoses	22b. DATE SI	
	i m	13 -		ATTENDING TO	MED.	STAFF -	-/:	-110
	1 /1(1)	1100	Dr. N	I.D. PHYS.	DIRECTOR	PHYS.	0/3	161
22c. PHYSICI NAME (T	vne)	36 D-		22d. ADDRESS	-7 -m A	TO Po	7+0 21	Ma
	Dr. A.	M. Bac	con	2810 Ta	rator, y	ve., Da	1to.34	prid.
23a. BURIAL, CREM	MATION, 23b. DATE	E THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(State)
REMOYAL (Sp	eclfy)		Parkwood			ville		Md.
Burial 24. FUNERAL DIR	ECTOR			(25° DE	C'D BY REGIST		GISTRAR'S SIG	
	0		ADDRESS 12	Md Baltavay	DI REGIST			
H W Tonk	ing a Sor	19 CO. 119	205 Vork Ro	- BATTAKAY	5 196	1 VIII	arlas la	4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon dapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL CCTOR: After this certificate has been signed by the attending physician and completel din by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wifnin 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0034		CERTIFICA	IE OF DEATE		U588F
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLANI	a. STATE MA	h COUNT	nstitutions Residence before edmission) Paltimore
	if outside corporate limits, Laive neerest town) Lowson	c. LENGTH OF STAY IN 1		(If outside corporete limits, write	RURAL and give neerest town)
		of in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NOXIXI
3. NAME OF DECEASED (Type or print)	606 Highland Susan	ne Lyness	Lest	6 Highland Ave. 4. DATE Month OF DEATH MAY	23 1967
Female	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIEO	B. OATE OF BIRTH	9. AGE (In yeers lest birthdey) 70 yrs.	HOUTER 1 YEAR IF UNDER 24 HRS. Hours Min.
	ION (Give kind of work orking life, even if retired) wife	10b. KIND OF BUSINESS OR INDU		ore, Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	James M		14. MOTHER'S MAIDER		
	ER IN U.S. ARMED FORCES fyesgive wer or detes of servi	16. SOCIAL SECURITY NO. 17	7. INFORMANT	. Lyness, 606 H	ighland Ave.
18. CAUSE OF E	DEATH [Enter only one cent H WAS CAUSED BY: IMMEDIATE CAUSE (e)	or o Nary Th	rantosis		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any	1,00	Anteriosclero	tic Heavy	+ Disease	5 years
(e), stating the u	nderlying DUE TO	Hypertensire	CardisVascul	Car Disease	10 years
PART II. OTHER	R SIGNIFICANT CONDITIO	ns (d intributing to death but	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO D
	AS UNDERLYING 20	Db. DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury i	n Pert I or Pert II of item 1B.)	
20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Dey, Yeer		PLACE OF INJURY (Home, fa factory, street, office bldg., e		(County) (State)
		attended the deceased from 19.6.7, and t		/ /	, 196.7., that (I) (we) lass and on the date stated above
228. SKINATURE	ent 7. Ga	ther	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	May 23 PATE
22c. PHYSICIAN'S NAME (Type	KOBERI	T. PARKER	SOUTH 7	BALTO GENU	ERAL HISP. Balto
23e. BURIAL, CREMAT REMOVAL (Specify)		Cathedral C	emetery	Baltimore, M	id.
B. Verner X		Park Heights Ave		AY 2 6 1967 PC	Elentes Judge

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Jones I was Arms Make States Md.

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151-09-6913 H Mr. Irthur A. Irmure, 100 Highland Ave.

5/25/47 Orthored Comptery Ellipson, 2.

Wieren Commercial Park Heights Ave. Balto. Min of 1987 The Land Commercial

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 2DM 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAN
06348	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	0833

1. PL	COUNTY	altimore		MARYLA	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) O. STATE D. COUNTY Maryland							
b.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						N (If outside	corporate limits, v	vrite RURAL	and give	nearest	town)
d.	. NAME OF HO	SPITAL OR INST	ITUTION (if not in h	ospital, give street add	ress)	d. STREET ADDR	ESS		- 4		IS RESIL	
	St.	Joseph	Hospital			329	Hillen	Rd. 2120)4	YE	ON A FA	NO []
3. N/	AME DF		First	Middle	- 11	Last		ATE Mon	th	Day	Year	-
	ype or print)		Charles	E,		Mack	DI	EATH May		27	1967	7
5. SE	EX	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. ACE (In years	Months I		UNDER :	24 HRS. Min.
Male		Negro	WIDOWED	DIVORCED [1-14- 22		44 yrs.				DALLET"
during	sual occupate most of work nemploy	TION (Give kind o ing life, even if red	fwork done retired) 1Db. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE	E (County & S	State, or foreign count	ry) 12. CI	TIZEN OF UNTRY?	WHAT	
	FATHER'S NAM					14. MOTHER'S	MAIDEN NAM	IE				
9	liv	and	near			Becu	alh	Wats	King	2		
15. W	AS DECEASED	EVER IN U.S. ARM	MED FORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addr	ess			
	20	(11 yes give wai oi	CL	retrugion	Elle	wand le	luk	- 3250	erever)	dave	· lo	Zun
1 18	8. CAUSE DF	DEATH [Enter o	nly one cause per l'	ine for (a), (b), and (c).	1						AL BET	
	PART I. DI	EATH WAS CAUS IMMEDIATE (ED BY: Sev	ere Cirrhos:	is c	f the liv	ver			UNSEI	AND D	CATTI
	5810		DUE TO									
	enditions, If		(b) Mal:	nutrition								
	ave rise to ause (a), s		DUE TO									
	nderlying caus	-	(0)	diac failur								
OT P	ART II. OTHER	SICNIFICANT CO	NDITIONS CONTRIBU	UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMIN	NAL DISEASE	CONDITION GIVEN I	N PART 1(a)		VAS AUT	MED?
FICA										YES		NO 3
CER (Da. ACCIDENT OR CONTRIBUT OF EITHER, NO	WAS UNDERLYIING CAUSE OF TIFY MEDICAL I	ING 20b. [OF DEATH EXAMINER)	DESCRIBE HOW INJURY	OCCUF	RED. (Enter natu	re of Injury	In Part I or Part II	of Item 18.)		
1 20		INJURY Month,	, Day, Year 2Dd. II		e. PLAC	E OF INJURY (Hom	ne, farm, 20	of. (City or town)	(Cou	nty)	(St	tate)
MEDICAL	Hour a.i		While at work		ractor	,, sueet, unice 910	., etc.)					
				ed the deceased from	m_Ma	ay 26	, 1967	to May 27	, 19_6	2, that	(I) (we	e) last
	saw the de	ceased alive o		19_67, and	d that			Prom the cause	s and on th	ne date :	stated a	
2:	2a. SICNATU		Po	/		ATTENDING -	MED.	STAFF *		ATE SICH	ED	7.3
	On Divolet	1700	lear will		M.D.	PHYS.	DIRECTO	R PHYS.		7-67		
2	2c. PHYSICIA	ype) Benjar	min Bel Ca	rmen		7620 Y	ork Rd	. Baltimo:	re, Md	. 212	204	
23a.	BURIAL, CREM	MATION, 23b.	DATE THEREOF	23c. NAME OF CEM	IETERY			LOCATION (CIty,			(Sta	ite)
16	REMOVAL (Sp	eclfy)	1311/27	O'Ceas	en	I Ris	1 7	suson,	Buti	D. C	0. 2	14.
	EUNERAL DIRI		1	ADDRESS			REC'D BY R	EGISTRAR 25b.	RECISTRAR'		URE	
XLL	Coliet	run	7,1201	m& Gell	ali	J DATE	MAY 3 1	1967	Clesnel	my lac	del	
4				1826G. U	les	1.						

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MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06349

FOR STATE	N.	06349	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	98	3339
EALTH BEDT.		PLACE OF DEATH O. COUNTY Baltimon	e	MARYLAND	o. STATE Bal	(Where deceosed lived, if Ltimore Md.	b. COUNTY Bal	timore
2, and 3 PM3. Po partment	I	o. (ITY OR TOWN (If outside corporate write RURAL and give nearest town DWSOM DELETIMON	-0	c. LENGTH OF STAY IN 16	Baltimo	outside corporote limits, vore, Maryla		03,1
farm farm		NAME OF HOSPITAL OR INSTITUTION Saint Jo	(If not in hospitol, goseph Ho		d. STREET ADDRESS J 134/D	purtment Ave		e. IS RESIDENCE ON A FARM? YES NO
ive Paging with g with the Sta		NAME OF DECEASED Type or print) Jose		Middle	Mackin	4. DATE OF DEATH	Month May 2	Doy Year 1 19 67
rrs afte 18. Gi		Male 6. COLOR OR RACE White	WIDOWED :		8. DATE OF BIRTH /	907 59 AGE (In	Cyrs. Months D	oys Hours Min.
24 hau in Item r's Offic es Tand affer dec	dur	USUAL OCCUPATION (Give kind of working nost of working life, even if retired)	IN	OUSTRY OUPPLY	DAL	i md	12. CITIZI COUN	NOF WHAT
within 24 n pencil in Examiner's File pages I hours aft		FATHER'S NAME A MEJ	MACI	Kin	14. MOTHER'S MAIDEN	name M.	c KAY	
executed nding" in Medical E permit. F within 72	15. (Ye	was deceased ever in u.s. armed for s, no. or unknown) (If yes give yor or	(ES? tes oysatvice)	SOCIAL SECURITY NO.	INFORMANT 4 n	1.69	Address (ecoi	265
0 = < >		18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE C	AUSE (d)	(o), (b), and (c).)	Doa	JUSIE	S.	ONSET AND DEATH
wa wa the the any		Conditions, if ony, which gove rise to immediate couse (a).	(b) (b)	sakete.	- 1/10	Mitu	Syl	5+yes
ficate ting the rded to as a and in		stoting the underlying couse last.	DUE TO	Texiosc.	levole	Cardia	Becky	19 WAS AUTOPSY
This certicate, write be forward be used removal,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIO					Desland	PERFORMED? YES NO
		200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.		SCRIBE HOW INJURY OCCURRED.				16.
XAMINER: ute the certifi ge 4 shauld yaur files. Page 3 shaulc crematian, or	MEDICAL	20c. TIME OF INJURY Month, Doy, Yo Hour o.m. p.m.	19 While of work	Not While of work	ACE OF INJURY (Home, for tory, street, office bldg., etc	c.)		
e executar. Pa ed far ed far (CTOR:)		21. I certify that I took of death resulted from No.	norge of the ren		cide 🔲, Homicid	e, Undetermi	Inquiry [_],	ond in my opinio
Y MED , pleas al direct e retain AL DIRE iar ta l		ACTUAL SIGNATURE	10h	innell	E.M.D.	EDICAL EXAMINER CAL EXAMINER CAL EXAMINER		22. DATE SIGNED
O DEPUTY necessary, p the funeral 5 may be re O FUNERAL Health prior	230		F. O'DOI	NNELL, M.D.	Address (Stre	et, city, town, or county)		21/67 ounty 4 (Mote)
0 = = ~ 0 = ~	24	FUNERAL DIRECTOR	25-67	KIV	TORC MAllon	1	25b. REGISTRAR'S SIG	Md
VR A15ME (5)	(T. EVANIVI	m 880	I HARTORD	Kd oMA)	2 3 1967	gelianles	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	96350	CERTIFICAT	E OF DEATH	06340
	PLACE OF DEATH BALTI'M	ORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if inst o STATE Maryland	itution: Residence before odmission) OUNTY Pr. GOO.
C	o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write	
_	I. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	l e. IS RESIDENCE
	Lay ani - LA NUA		4006 - 38th St.	ON A FARM?
	NAME OF First	Middle		VES NO A
-	DECEASED Type or print) Frank	R.	OF 4	donth Day Year (0 - 19 6 7
. 5		MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
M	ale White	WIDOWED DIVORCED	1/20/1896 71 lost birthday	
0o. urii	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR UNDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Penna	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Joseph Malzo		14. MOTHER'S MAIDEN NAME Dal Margaret mak	ton
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT A	ddress
Yes	s, na, ar unknawn) (If yes give war or dotes of se	386-12-3621	Mrs.Mary Lila Malzon	e (above addres
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONT	ASCUD	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
ALION	TAKT II. OTIEK SIGNITICART CONDITIONS CONT	KIDOTINO TO DESITE DOT NOT KEEKIED TO	THE TERMINAL DISEASE COMMING OFFICE IN TAKE 140	PERFORMED? YES NO
AEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port I or Port II of item 18.	·
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Haur o.m. p.m. 19		ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)) (County) (Stote)
	21. I certify that (I) (this hospit	al) attended the deceased from_	1-10-, 1967, 10 5-1	<u>6-, 19-67</u> , that (I) (we) las
		5 - 16 - 19 67, and th	at death occurred at 🗢 🔈 M, from caus	
	220. SIGNATURE Cersy Viello C	ouls A	A.D. ATTENDING MED. STAFF	22b. DATE SIGNED 5-10-67
	22c. PHYSICIAN'S NAME (Type) CESAR VAL	LE CAVERO	22d. ADDRESS 7629 Liberty R	4
	BURIAL, CREMATION, REMOVAL (Specify) 5/13/6	of 23c. NAME OF CEMETERY OF Gate of He		
24.	SUMERAL DIRECTOR.	Funeral Mt. Raj	2Sa. REC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
	Home Inc.	Maryland	DANIA 1 15 1967	(Cliantes Jugge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in pay event, within 72 hours after death

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0635	1		CERTIF	ICATE	OF DEATH			0	534	11	
o. COUNTY Ba	ltimore		MARY	/LAND	2. USUAL RESIDENCE (o. STATE Mary	Where dec			ce before		on)
b. CITY OR TOWN	(If outside corparate limit	s,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If or	utside carp	orote limits, write RL	JRAL ond give	neoresi	town)	
	d give (21) tawn)				Essex	(21)		13.1	1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	at in hospital, (give street oddress)		d. STREET ADDRESS					ON A F	DENCE ARM?
	Monocacy Rd.				2262 Monoc				1	YES 🔲	NO
3. NAME OF DECEASED (Type or print)	GEORGE	W. N	Middle IANNER		. Last	4. DATI	Mann		Day	Yes	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In years	IF UNDER Months		IF UNDER	
Male	White	WIDOWED	DIVORCE	A.	ug. 5, 1901		65 lost birthday) yrs.	WOHAUS	Days	Haurs	Min.
100. USUAL OCCUPATIO during most of working Shipping	N (Give kind of work done plite even if retired)		IND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Baltimor			CO	IZEN OF UNTRY? ISA	WHAT	
13. FATHER'S NAME					14. MOTHER'S MAIDEN						
As	gusta Manne	r			Caroli	ne M	precraft				
IS. WAS DECEASED EV (Yes, na, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	SOCIAL SECURITY NO.		NFORMANT Blma Manner		Add	-	Bal	Lto.	21
Conditions, if any rise to immedia stating the under lost.	y, which gave te cause (a), erlying cause DUE	10 (b) Hype 10 (c) Gene	rtensive ralized a	arte:	infarction riosclerot losclerosi	ic C	.V.D.,du		ed,		
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION G	IVEN IN PART 1(a)			WAS AUTO PERFORM ES	NO [
(IE FITHER NOTIES	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar I	Part II af item 18.)				
Haur o.	m. 19	While at wor	k at work	facto	E OF INJURY (Hame, farr rry, street, affice bldg., etc.)			unty)		(State)
21. I cert	ify that (1) (this the sleceased alive an	pital atten	ded the deceased	fram_/ and that	death accurred at		, ta <u>5/26/6</u> M, fram causes				
22a. SIGNATURE	98	Ja	(dry)	M.D		MED. DIRECTOR	STAFF PHYS.	22b. D. 5/2	ATE SIGN		
22c. PHYSICIAN' NAME (Type	R.V. Ran		M.D.		22d. ADDRESS 2938 St.		St., Ba		re,	Md.	18
23a. BURIAL, (REMATI REMOVAL (Specifical)	ON, 23b. DATE THE 5/29/6		23c. NAME OF CEMI		etery	Bal	LOCATION (City or To	o., Md			itate)
24. FUNERAL DIRECTO		Sela	ADDRESS			D BY REGI		EGISTRAR'S S			101
Pruzdzinst	ci Funeral	Home 14	07 Eastern	a Ave	DATE M	AY 2	9 1967	Milar	Les !	Judg	الم

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after deat

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MARYLAND STATE DEPARTA	MENT OF HEA	ALTH-BALTIMORE,	18
CEDTIFIC	ATE OF DE	ATLI	

96352		CERTIFICA	TE OF DEATH	Reg. D	ist. No. 06342
1. PLACE OF DEATH BOOK OF COUNTY 20	3 Rockwell 7	Ca MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Md.	ased lived. If institution: Reside b. COUNTY	nce before admission
b. CITY OR TOWN (II RURAL ond give ne		GTH OF STAY IN 15	c. CITY OR TOWN (If outside co	rporote limits, write RURAL and	give nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give street address)		d. STREET ADDRESS 3318 He	ret ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ANNA First	Middle	MARTIN 4. DAT OF DEA		Day Year 2 1967
5. SEX	6. COLOR OR RACE 7. MARRIED WIDOWED X	NEVER MARRIED 8	6 1889	9. AGE (In years FUNDE lost birthdoy) 77 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work done ing life, even if retired)	F BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign	n country) 12.CI1	U.S.
13. FATHER'S NAME	Spraines		14. MOTHER'S MAIDEN NAME	Sereack	Res
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16. SOCIAL If yes, give war ar dates of service)	SECURITY NO. IN	J. Andrew Sp	rainia 220	3 Rochwell
	TH [Enter only one couse per line for (a TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o), (b), and (c).]	nang Throm,	Prairie	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to it couse (a), stating lying couse lost.	mmediate DUE TO	iselustri	E. O. dise	a	?
PART II. OTH	ER SIGNIFICANT CONDITIONS CONTRIB	SUTING TO DEATH BUT, I	0-1	EASE CONDITION GIVEN IN PA	PERFORMED?
PART II. OTH	S UNDERLYING 20b. DESCRIBE HO CAUSE OF DEATH MEDICAL EXAMINER)		. (Enter nature of injury in Port I or	Port II of item 18.)	YES NO
20c. TIME OF INJURY	While N	OCCURRED 20e. PLA foct while work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	City or town)	(County) (Stote)
21. I certify the alive an	A C. Mae Lang	, and that death	accurred at 7:15 A.M., fro ADDRES:		ast saw the deceased the date stated above. DATE SIGNED 5/2/67
220. BURIAL, CREMATIO REMOVAL (Specify	N, 22b. DATE THEREOF 22c. N	NAME OF CEMETERY OR	CREMATORY 22d. LC	CATION (City, town, or county)	Mil .
23. FUNERAL DIRECTOR'S	a 21.00	DDRESS 3218 Ne	MAY STATE MAY	GISTRAR 24b. REGISTRAR'S S	IGNATURE 0

2203 Rocking 18 Baltiness 3318 Lact Car The second state of the second state of the second
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5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 without State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A 15ME (5)

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06353

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	BALTIMORE	MARYLA	ND	2. USUAL RESIDENCE (Where deced y l and	nsed lived, if institution b. COUNT		befare admissi TIMORE	on)
b. CITY OR TOWN (write RURAL and	If outside corporate limits, digive nearest tawn) Towson	c. LENGTH DESTAY IN 3	lb	c. CITY OR TOWN (If ou		rote limits, write RURA	AL ond give	0 .	
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, give street address)		d. STREET ADDRESS				e. IS RESI ON A F	DENCE
60	6 Stone Barn	Road		606	Stone	e Barn Roa	ad	YES	
3. NAME OF DECEASED (Type or print)	First EDWARD	Middle LAWRENCE	MC	CLOSKEY	4. DATE OF DEATH	Month May		Doy Ye	67
S. SEX Male		MARRIED NEVER MARRIED VIDOWED DIVORCED		8. DATE OF BIRTH Aug. 31,1929		9. AGE (In years last birthday) 37 yrs.	Months	VEAR IF UNDER Days Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION during mast of warking 13. FATHER'S NAME		10b. KIND OF BUSINESS OR INDUSTRY Westinghouse E	lec.	Baltimore 14. MOTHER'S MAIDEN	,Mary	cauntry)	12. CITIZ	TEN OF WHAT	
Lawi	cence McClosk	ew		Edna Folger					
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Addres	S	7	
(Yes, na, or unknown)	(If yes give wor or dates of ser	vice)	M	irs.Anne McC	Closke	y same a	s 2-d		
Conditions, if ony rise to immediat stating the under	, which gave te cause (a), rlying couse (c)							ONSET AND I	
PART II. OTHER SI		IBUTING TO DEATH BUT NOT RELATI	ED TO	THE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(a)		19. WAS AUT PERFORM YES [X]	NO [
200. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCU	URRED.	(Enter nature of injury in	Part I or Pa	ort II af item 18.)			
20c. TIME OF INJ. Hour o.i	10	20d. INJURY OCCURRED While Nat While at wark at wark	Oe. PLA fact	CE OF INJURY (Hame, farm ary, street, office bldg., etc.	n, 20f.	(City ar town)	(Caur	ity)	(State)
		the remoins described aborduses Accident ,			EXAMINER	Jndetermined mo		and in my	
EXAMINER'S NAME (Type)	Charles S.	Springate, M.D.		DEPUTY MEDIC Address (Stree			May 2	25, 196	7
23a. BURIAL, CREMATION REMOVAL (Specify Burial	May 27,19	967 Woodlawn	Cen	meerv		ocation (city or Townstance, Woo	,	11	Stote) and
		on 1050 York Ros Towson, Maryla	ad	2Sa. REC	D BY REGIST	TRAR 2Sb. REG	SISTRAR'S SIG		

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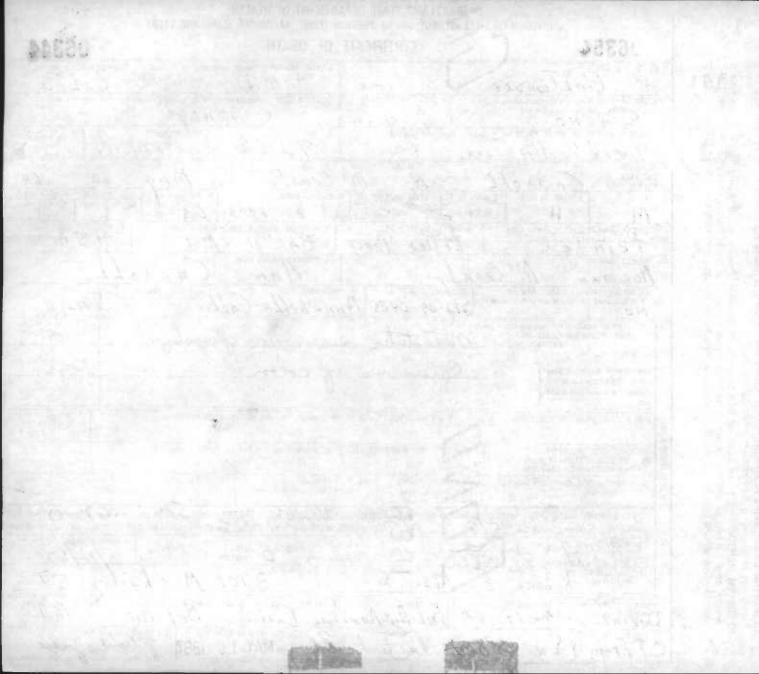
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FUNERAL DIRECTOR

VR A15 (4) 25M 1/67 2Sb. REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00300		CERTIFICATE	OF DEATH		10933
	PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution: Resid	ence before odmission)
1	o. COUNTY BA	LTIMORE	MARYLAND		LAND b. COUNTY 03.10	ALTIMORE
7	b. CITY OR TOWN (If outsi	de corporote limits,	c. LENGTH OF STAY IN 1b		de corporote limits, write RURAL ond g	ive neorest fown)
		TIMORE	7 dAXS	TOWS		- DOINE GAT
- 0		INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS 4/18	DONE GAL DRIVE	e IS RESIDENCE ON A FARM?
	48m	C.		PATIEN	D IT da KEZ	YES NO X
	NAME OF DECEASED (Type or print)	dNA	Middle	E Mc DONNE		7 Doy Year 19 6 7
S.	SEX 6. CC	LOR OR RACE 7. MARRIED WIDOWED	The state of the s	B. DATE OF BIRTH 9-28 9	9. AGE (In yeors lost bighdoy) Months	R YEAR IF UNDER 24 HRS. Doys Hours Min.
	ing most of working life, ever	en if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		CITIZEN OF WHAT
13.	FATHER'S NAME	8 BONG	1	14. MOTHER'S MAIDEN NA	ME /	a ylor
15. (Ye	was DECEASED EVER IN U. es, no, or unknown) (If yes	S. ARMED FORCES? give wor or dates of service)	5. SOCIAL SECURITY NO. 17. I	NFORMANT 1. RICHARO M	1 DONNELL 418	DONEGAL DR.
	PART I. DEATH WAS	Enter only one couse per line for CAUSED BY:	or (o), (b), and (c).) Respuratory	agrest		ONSEL AND DEATH
	Conditions, if ony, which		celebrons	eufar a	ecident untl	
	rise to immediate cous stating the underlying lost.		probable in	Macerelas	hemonhage	30 hrs.
ATION	PART II. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	G O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAL (1F E1THER, NOTIFY MEDICA	ISE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY M Hour o.m. p.m.	Whi		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (County) (State)
	21. I certify the saw the deceas		nded the deceased fram		AM, fram causes and an	
	22o. SIGNATURE	VRBaron	M.I.	D. PHYS. L D	IED. STAFF 22b.	DATE SIGNED -Z-67
	22c. PHYSICIAN'S NAME (Type)	V. P. BA	TOYON	22d. ADDRESS	D. Charles ST.	Balto, UD.
230	o. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	Burial	5-2-67	Parkwood		Parkville	Md.
24	4. FUNERAL DIRECTOR		ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR"	S SIGNATURE

H.W. Jenkins & Sons Co. 4905 York Rd., Balto MAY 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Jandshould be filed with the State Dept. at Health prior to burial, cremotion, or removal, and in any event, within 72 hours after apply Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

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"pending" in pencil in Item 18. Give Poges 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

Health prior to burial, cremation, or removal, and in any event within 72 hours offer degith.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the word

FOR STATE HEALTH DEPT

06356

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

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1.	50000	,	IVILD	ICAL LAMININE	K J CERTIII	CAIL	OI DEF	1111	UNE	TU		
Ī	PLACE OF DEATH O. COUNTY BALTIMORE				o. STAT	E	1		UNTY		odmissi	on)
-				MARYLAI		ryland			Ltimor		. \	
	BALTYMORE	If outside corporate limits give nearest tawn)	,	c. LENGTH OF STAY IN 1	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	LOCH RAVE	N RESEVOLR		Hour	Tot	wson			0	3.1		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospitol, g	give street oddress)	d. STREET	ADDRESS				e.	IS RESII	DENCE
		-half mile	from b	ridge	1 1	New Fo		t Court		Y	S 🗍	NO 🛛
3	. NAME OF DECEASED	Fir	tz	Middle	Los	it .	4. DATI		onth	Doy	Ye	
	(Type or print)	OLI	JE	SUE	McI	lyar	DEA	rh .	5	8	19	67
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthdoy)	Months Months			R 24 HRS.
) L	Female	White	WIDOWED	DIVORCED	9-18			45 yrs.		Doys	Hours	Min.
1	Oo. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTI	HPLACE (Stot	e or foreign	country)	12. 0	ITIZEN OF OUNTRY?	WHAT	
10	uring most of working House	wife	The state of the s	ואונטווו	Dal	llas,	Texas	3		S.A.		
	3. FATHER'S NAME					ER'S MAIDEN						
	Maithi	as Armstron	g		F	Eula R	aines					
	S WAS DECEASED EVE	R IN ILS ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT				dress			
	Yes, no or unknown)	(If yes give wor or dates o	f service)	5-26-5743	Mm Ton	no a D	Mati	I No.	T	0		
=					MI. Jan	ies D.	Meli	lyar 1 Ne	W FOR		C. RVAL BET	TAVEFAL
		EATH (Enter only one cou TH WAS CAUSED BY:									T AND	
	975X	IMMEDIATE CAUSE	10)	Drowning								
	1 / / /	DOE	TO									
	Conditions, if ony	(n) azuna a	(b)							-		
1	stoting the unde		TO									
	last.)	(c)									
	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINA	L DISEASE CO	ONDITION G	IVEN IN PART 1(o)		19.	WAS AUT	OPSY IED?
CEDTICICATION	2									YES	EREORM	NO 🗌
721	20o. EXTERNAL CA PRIMARY Or CO	NUSE WAS	20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (Enter noture	of injury in	Port I or I	Port II of item 18.)				
18	PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING	Dro	ve car thro	uch callr	d rai	1 and	nlunged	into	reset	nir	
13	30c TIME OF INI	URY Month, Doy, Yeor			e. PLACE OF INJUR			(City or town)		ounty)		(State)
0.5	Hour x on	n. 5 0 106	7 While	Not While	foctory, street, of	fice bldg., et			Dol to	imore	,	Md.
	3:37 p.i	***	01 1101		Resev		1	e. D		-		
				mains described abay					iquiry,	and	in my	apınıan
	death resul	ted fram: Natura	il causes [, Accident ,	Suicide X,		1	Undetermined	manner [
	ACTUAL	11002	0 1	50,		HIEF MEDICA				25	DATE	SIGNED
4	SIGNATURE	vern	- h	·	M.D.	SSISTANT ME						
	EXAMINER'S NAME (Type)	WERNER U	J. SPIT	Z./M.D.		EPUTY MEDI Address (Stre		IER		5	-9-	67
1	30. BURIAL, CREMATIO	ON, 23b. DATE THE		23c. NAME OF CEMETER	RY OR CREMATORY		23d.	LOCATION (City or	Town)	(County)	(9	Stote)
1	REMOVAL (Specify Cremat	ion 5/11/	67	Greenmoun	t Cremato	ory	I	Baltimore	e, Mar	yland		
1	24. FUNERAL DIRECTO)R		ADDRESS			D BY REGI	STRAR 25b.	REGISTRAR'S	SIGNATURI		
	Wm. Cook-	Brooks Tows	on 105	O York Rd.	21204	MAY	10	1967 /	liarle	V Jus	ye.	

5 may be retained for your files. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY Baltimore o. STATE b. COUNTY Page 0 MARYLAND Maryland Baltimore delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. Texas State Depart Texas Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm 00 Church Lane YES NO X Church Lane Give Pages DATE NAME OF Middle Lost Year DECEASED Roy Dean McMillan 19 67 DEATH (Type or print) May IF LINDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH lost birthdoy) 3 Months Doys Hours haurs after death. White Male Feb. 4, 1917 WIDOWED DIVORCED 50 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Laborer North Carolina ILS A ward "pending" in pencil in the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grover McMillan Cora Moxley permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT executed (Yes, no, or unknown) (If yes give wor or dotes of service within Mrs. Mary Edith McMillan Church Lane, Texas No IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) shauld DUE TO any Conditions, if ony, which gove te, writing the v farwarded ta th rise to immediate cause (a). and in a 0 stoting the underlying couse lost. nseq WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayal, PERFORMED? NO YES the certificate, pe pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING shauld crematian, ar CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work at work Inspection 7 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry , and in my opinion burial, Natural causes Accident Suicide Undetermined manner death resulted fram: . Homicide funeral directar. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FUNER CHARLES F. O'DONNELL, M. D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) the (County) 23b. DATE THEREOF (State) 23o. BURIAL CREMATION.

Jessops Cemetery

Sparks, Md,

2Sb.

REMOVAL (Specify)

Burial 24. FUNERAL DIRECTOR

VR A15ME (5) 6M 1/67

5/11/67

Wm. Cook-Brooks Towson 1050 York Rd. 21204

Committee and the second secon

Division of STATISTICAL RESEARCH AND RECO

RDS, 301	W. PRESION STREET, BALTIMORE, MARYLAND	21201
FICATE	OF DEATH	00348

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er de		a. COUNTY	Baltimore		MAF	RYLAND	2. USUAL RESIDENCE (land	b. COU	NTY			/	
urs a		write RURA	WN (If outside corporate lim AL and give nearest tawn)	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21206							
72 hou	8	d. NAME OF H	ospital or institution (if t. Josephs H		give street address)		d. STREET ADDRESS o. IS RESIDEN ON A FARA YES NO							
I	1	3. NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mon	th	Doy	Year		
E. W	L	(Type or print	Margar	et	E.		MEEHAN	DEATH	Ms		30	19 67		
/ eve		S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE		8. DATE OF BIRTH		. AGE (In years last birthday)	IF UNDER 1 Manths		UNDER 24	HRS. Vin.	
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nd in		during most of wo	ATION (Give kind of wark don trking life, even if retired)	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Mary	yland	reign country)		ZEN OF WINTRY?			
ovol, a		13. FATHER'S NA	ME John Dieter				14. MOTHER'S MAIDEN Mary	NAME Streb						
r rem	-	15. WAS DECEASE	D EVER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	INFORMANT		Addı	ess	172				
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cremotio		PART I	OF DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSED DI			rter	riosclerosis					AL BETWEE AND DEAT		
should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 hours after seath		rise ta imm	f any, which gave ediote cause (o), underlying cause	(b) DE TO (c)				C.F.						
olth prio	2	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART I(a)		19. W/ PEI YES	AS AUTOPS' RFORMED? NO	Y	
r. of He		OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED). (Enter nature of injury in	Part I ar Par	t II of item 18.)					
ite Depi		E Hai	F INJURY Manth, Doy, Year ur o.m. p.m.	While at war	c L at wark L	fo	ACE OF INJURY (Hame, forn octory, street, office bldg., etc.)	(City or town)	(Cou		(Stot	_	
the Sto		21. I saw th	certify that (I) (this have deceased alive on	ospital) otten	ded the deceosed	from_ and th	at death occurred at	19 67 1 1a N	o May 30	ond on th	, that	(I) (we) las	
with		220. SIGNA		02 0			A.D. PHYS.	MED. DIRECTOR	STAFF _	22b. DA	TE SIGNED	10.0		
be filed	/	22c. PHYSIC NAME	1	O. Jamo:	ra M.D.		22d. ADDRESS		d. Tows					
should		23a. BURIAL, CRE REMOVAL (S Buria	pecify)		23c. NAME OF CEN				CATION (City or To		(County)	(State)	
(4)	5	04 51415041 04	RECTOR onard J. Ruc	e 2, 19 k Inc. !	ADDRESS Harfo	y Ko ord H	doemer 25a. REC'	AY 3 1	1967	EGISTRAR'S SIL	GNATURE LAS	noge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages, I and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0635	9		CERTIF	ICATE	OF DEATH			0	634	9
1	o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (V		osed lived, if institu b. COL		e before od	lmission)
1	b. CITY OR TOWN (I	f outside carporate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou				nearest ta	wn)
		owson (Rur				Balt:	imore	-21	236	131	/
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in haspital,	give street address)		d. STREET ADDRESS					RESIDENCE N A FARM?
1		St. Joseph				1		venue			NO [
1	B. NAME OF DECEASED		rst	Middle		Lost	4. DATE OF		nth	Doy	Year
1	(Type ar print)	6. COLOR OR RACE	bara	J.	T-1	Meise DATE OF BIRTH	DEAT	9. AGE (In years	I IF LINDER 1	VEAR LIE	19 67 UNDER 24 HRS.
1	Female	White	7. MARRIED WIDOWED			5-15-01		last birthday)			aurs Min.
	Oa. USUAL OCCUPATION	(Give kind af work dane		CIND OF BUSINESS OR	- []	11. BIRTHPLACE (County	& State, or			ZEN OF WI	TĀT
0	luring most of working Clerk		1	NDUSTRY Bush	0-	Baltimore,	Md.		COU	INTRY?	
	13. FATHER'S NAME			DUSH_	40.	14. MOTHER'S MAIDEN I					
1		Charles Me	ohr		67.5			Elizabt	h Kern		
1	S. WAS DECEASED EVE	DINIUS ADMED CODSESS	11/	SOCIAL SECURITY NO.	17. 11	FORMANT			ress		
	No No	(If yes give wor or dates o	2	12-32-7314	Mr	"enneth Me	ise 2	2934 Edge	wood R	ad #	3/1
-		ATH (Enter anly one cou								INTERV	AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) Ven	tricular f	ibril	lation				ONSEL	AND DEATH
	4300	DUE							2010		
	Conditions, if any, rise to immediate	(0) 02000		eriosclero	tic h	eart diseas	9				
4	stating the under										
	last.)	(c)	TO DESCRIPTION OF		UE TERMINAL DISTANCE CON	UD ITION OF	WENT AND DADE NO.		I 10 MA	CALITODO
1 3	PAKT II. UTHEK SI	SNIFICANT CONDITIONS C	UNIKIBUTING	TO DEATH BUT NOT KE	LAIED IU I	HE TERMINAL DISEASE COM	NDITION GI	VEN IN PAKT I(d)		YES PER	S AUTOPSY REORMED?
1000	20g. ACCIDENT WAS	LINDERLYING [7]	205 D	ESCRIBE HOW INJURY O	CCURRED f	Enter nature af injury in	Part Lor P	art II of item 18.)		103	X) 110 L
To Lo	OR CONTRIBUTING		100.0	ESCRIPE (101) MOORE O	(
	(II CITTLE, NOTIT	IRY Month, Day, Year	1475.11	INJURY OCCURRED e Not While at wark		E OF INJURY (Hame, farm ary, street, office bldg., etc.)		(City or town)	(Cou	nty)	(Stote)
1	21 1 certis	1.	spital) atter	ded the deceosed	from	April 2,	19 67	to May 1,	. 19 6	7. thot	(we) lost
	saw the de	eceosed alive op	May	1, 1967,	and that	death occurred at	2:154	M, from causes	ond on th	e dote s	toted obove.
	22o. SIGNATURE		66	10.		ATTENDING	MED.	STAFF .		TE SIGNED	
1		11 00	Ros	van	M.D). PHYS. LJ	DIRECTOR	PHYS.	May	1,19	67
	22c. PHYSICIAN'S NAME (Type)	M.S. Coo	ekburn	M.D.	9.01	22d. ADDRESS 7620 Yor	k Rd.	., Towson	, Md.	21204	k .
	230. BURIAL, CREMATIC		EREOF	23c. NAME OF CEM	ETERY OR O	REMATORY	- 1 - 1 - 1 - 1	LOCATION (City or T		(Caunty)	(State)
	REMOVAL (Specify Burial	5-1-19	267	St. Pet	ers C	emetery	Ba	Iltimore,		Co.	Md.
	24. FUNERAL DIRECTO	R		ADDRESS	131		D BY REGIS	IRAR 2Sb.	registrar's si	GNATURE	
	dassahr	Leveralt	rome	40/Belan	(9600	MAY	5]	967 1	Laster	your of	~

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2-shauld be filled with the State Dept. of Health priar to burial, crematian, ar removol, and in any event, within 72 haurs after depth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	06360 CERTIFICATI	E UF DEATH	6350
	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
	BALTIMORE MARYLAND	a. STATE COUNTY P.	
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	CATONSVILLE 8-30-62	ADELPHI MO	2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	SPRING CAIDE STATE HOS	2004, SHICST	ON A FARM? YES NO NO
	B. NAME OF First Middle DECEASED (Type or print) RIFIN ME	MODELSON A DATE Month OF DEATH MAN	Day Year 7 19 6 7
-	6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH 8. 21 85 9. AGE (In years IFUNDER last birthday) yrs.	
1	Oa. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	THEN OF WHAT
	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	USSIA
	ERIC MEDIDELSOHI	HAMMAH MENSELS	or,
1	15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no. or unknown) (If yes give war or dates of service) 497-36-846-2	PROBAROUS STATE HOS	e/ .
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	•	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 6 ougestive H.	eart Failure	ONSET AND DEATH
	4341 DUETO 0 -		
	Cenditions, If any, which \ (b) / Mellinour Cu		
	gave rise to immediate cause (a), stating the		
1.	underlying cause last. (c)		
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
T L C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18	.)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		unty) (State)
101	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While facto	ry, street, office bldg., etc.)	
1	21. I certify that (I) (this hospital) attended the deceased from	1-30- 1962 to 5-7- 196	. that (I) (we) last
		death occurred at NimM, from the causes and on t	
	22a. SIGNATURE 30 C	22b. D	ATE SIGNED
	M.D. Micardo Vane,	D. PHYS. MED. STAFF STAFF	-7-67
/	22c. PHYSICIAN'S NAME (Type) RICARDO IBANEZ	Spring Swel Hospi	til
1	Burial, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY PREMOVAL (Specify) 5 9 1967 GEO. WAS	OR CREMATORY 23d LOCATION (City, town or co	unty) (State)
T	24 FUNERAL DIRECTOR ADDRESS		SIGNATURE
1	The deg Tense of Home 42179 th St. 7	DAMAY 9 1967 golone	as Judge
13	1		-()

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	rending physician and completely filled in by the fi	Then please remave carban papers.	n garevent, within 72 hours after
	attending physician	permit. Then please	ian, ar remaval, and in garevent

law requires that the death certificate be executed within 24 hours after death

signed by the burial-transit burial, prior to has certificate DIRECTOR: After director, page shauld be filed TO FUNERAL

VR A15 (4) 25M 1/67

saw the deceased alive an.

Schimunek Funeral Home

23b. DATE THEREO

5/24/67

22o. SIGNATURI

22c. PHYSICAN'S

23a. BURIAL, CREMATION,

Burial (Specify)

24. FUNERAL DIRECTOR

O HOSPITAL OR ATTENDING PHYSICIAN: The

06361 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admissian PLACE OF DEATH a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 DAYS FORT HOWARD BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 3614 LYNDALE AVENUE YES NO NAME OF Middle DATE First Month Year Doy DECEASED 1967 CHARLES MENZEL MAY 20. GEORGE (Type ar print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED 7. MARRIED birthday) Manths Haurs WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life even if retired)

BOOK BINDING ENGRAVING BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE A. MENZEL FLORENCE WENZEL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service 214 01 41 57 CLINICAL RECORDS, VAH, FT. HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. OEATH WAS CAUSED BY ONSET AND DEATH BRONCHOGENIC CARCINOMA, LEFT SIDE, WITH IMMEDIATE CAUSE (o) 1621 DUE TO Conditions, if any, which gave METASTASES Unknown rise to immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or tawn) (County) (State) factory, street, office bldg., etc.) Nat While at work 21. I certify that (1) (this hospital) attended the deceased fram

19 67 to and that death accurred at 3:45M, from causes and an the date stoted obove 5/20/67 22b. DATE SIGNED X 5/21/67 DIRECTOR PHYS 22d. ADDRESS PAULINO D. DEOCAMPO, M.D. Hospital, Fort Howard, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Parkwood Cemetery Baltimore, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S 3331 Brehms Lane Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any ment, within 72 haurs after death	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health priar ta burial, created.	

VR A15 (4) 25M 1/67

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	06362		CERTIFICATE	OF DEATH		06352	
	PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	o STATE	Where deceosed lived, if institution b. COUNTY		ore odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Fort Howard		days	CCITY OR TOWN (If our Baltimore	tside corporote limits, write RUF		
	d. NAME OF HOSPITAL OR INSTITUTION (If not			d. STREET ADDRESS		30-	e IS RESIDENCE ON A FARM?
	Veterans Adminis	tration Hos	pital	900 Cathe	dral Street		YES NO
3.	NAME OF Firs DECEASED (Type or print) MORRIS		Middle M	Lost ICHAEL	4. DATE Mont	th Do	
S.	SEX 6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED [8	DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	Hours Min.
	Male White	WIDOWED X	DIVORCED	9/26/94	72 Yrs.	monnis Doys	nours Min.
dur	b. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Sale sman	10b. KIND OF BUS UNDUŞTRY CLothir	INESS OR ng Industr	Hudson,		12. CITIZEN C COUNTRY U.S.A	?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I			
10	Jacob Michael	T. v			Litsitz		
(Y-	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of Yes WW-1	service) 16. SOCIAL SECTION 215 01		nformant nical Rcds.	VA Hospital,		ard, Md.
	rise to immediate couse (a), stoting the underlying couse	pe per line for (o), (b), or PULMONA PULMONA METASTA ADRENA	nd (c).) RY EDEMA TIC ADENOC ALS AND RI	ARCINOMA LU	NGS, LIVER,	IN Q	NTERVAL BETWEEN NSET AND DEATH OCONT
NC	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19	. WAS AUTOPSY PERFORMED?
CATIC	SURGICAL ABSENCE RI						YES XX NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOV	V INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour'o.m. p.m. 19			E OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
	21. 1 certify that (this hosp saw the deceased alive on	ital) attended the d	deceased from Mi 967, and that	death accurred at	9 67 to May 1 12:20 from couses	1 , 19 67 t and on the da	hat X) (we) la: te stated above
	229 SIGNATURE St.	usber	R M.D	1 111 0.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG 5/12/6	-
	22c. PHYSICIAN'S NAME (Type) MILTON G	INSBERG, M	7 _D .	VA Hospita	al, Fort Howar	d, Ma.	
230	BREMOVAL (Specify) 23b. DATE THEF		ME OF CEMETERY OR C		23d. LOCATION (City or Ton Baltimore,	,	,,
	AMNINO FUNERAL HOME	2 24	DODECC			GISTPAP'S SIGNATIL	1Dr

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

> VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
06363	CERTIFICATE OF DEATH	635

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admis a. STATE b. COUNTY	sion)
	Baltimore MARYLANO	Maryland Cecil	
	b. CITY OR TOWN II Outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest-to	wn)
	22 30777	Fort Deposit Rural 07.2	
	C. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	
		None ON A FAR	100
2	Spring Grove State Hospital	110230	
J.	DECEASED	OF .	
		tchell DEATH May 12 1967	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 last birthday) Months Days Hours M	HRS.
	Female White WIOOWED N DIVORCED	5-28-74 Months Days Hours M	11111
10a	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INOUSTRY INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
dur		*West*Virginia Floyd Co. U.S.A.	
13	Housewife Ret. Own Home	14. MOTHER'S MAIDEN NAME	
-0.			
	Marion Summer	Amy Ellan Haley	
15. (Ye	no or unbown) ((If yer nive way or dater of convice)	INFDRMANT Address	
No	000 000	Records Spring Grove State Hospital	
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWI	
1	PART I. OEATH WAS CAUSED BY:	ONSET AND OEA	.IH
Į	IMMEDIATE CAUSE (a) Arteriosclerotic C	arolo vascular Disease	
	DOE TO		
	Conditions, If any, which (b) (b)		_
	cause (a), stating the DUE TO		
	underlying cause last. (c)		
S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE GONOITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORME	
SAT	Win functions (left) and generalized a	YES TO MO	TY.
	Hip fracture (left) and generalized a	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)	M-J
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MILES. (LITER HOLDER OF INJURY IN FORCE OF THE WAY	
EDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Statery, street, office bidg., etc.)	e)
밀	Hour a.m. While Not While at work at work		
2		4-17-67 , 19 to May 12 , 1967 , that XI) (we)	last
	saw the deceased alive on May 12 19.67, and that	t death occurred at 1:05M, from the causes and on the date stated at	iove.
	22a. SIGNATURE		
	/ Studence Milden Mall	ATTENOING MED. STAFF PHYS. XX 5-12-67	
	22c. PHYSICIAN'S M.E.		
	NAME (Type) Anthony J. Young, M.D.	Baltimore, Maryland 21228	
23a	a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY)
	Burial 5-15-1967 Brookview	Cem. Rising Sun. Md	
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
/	121, 40, 1.0.0	MONMAY 16 1967 gclientes Judge	
19	Tie hard de toorno Tresing de	in 119 OAMAY I 6 1967 Schanles Judge	

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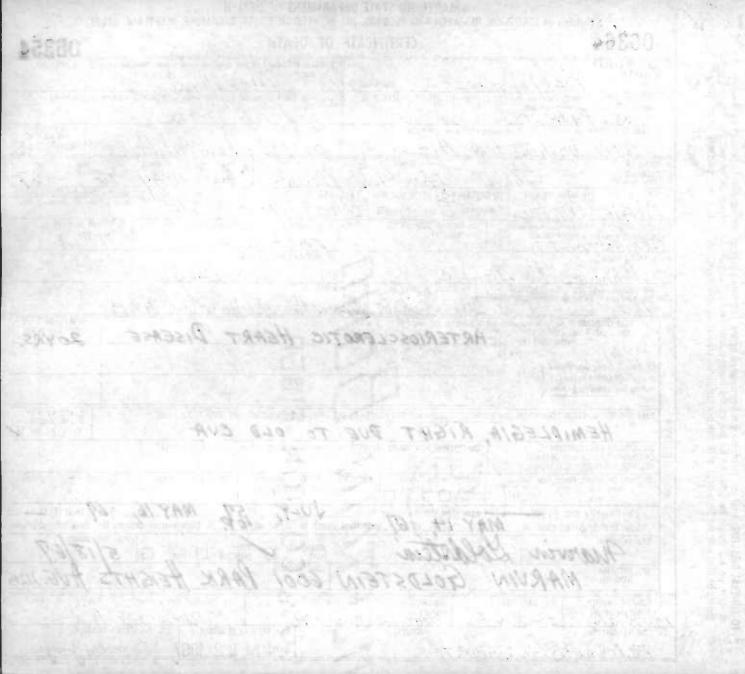
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06364 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE COUNTY MARYLAND by the f b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b arate limits, write RURAL and give nearest tawn) gife negrest town) HOSPITAL OR INSTITUTION (If nat in haspital, give greet address) n papers e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO X DATE OF DEATH NAME OF Last Doy Year campletely DECEASED 19 COL event, Type ar print S. SEX 6. COLOR OR RACE 7. MARRIED MARRIED DATE OF BIRTH AGE IF UNDER 1 YEAR remave birt day) Months Days inany WIDOWED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) lease INDUSTRY signed by the attending physician burial-transit permit. Then please and FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, na Junknawn) (If yes give war or dates af service) crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) that HRTERIOSCLEROTIC physician. DUE TO burial, Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO os the priar to b stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health ! NO by the haspital or for 20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Haur o.m. foctory, street, affice bldg., etc.) Nat While 19 at work at wark pe 21. I certify that (I) (this hospital) attended the deceased fram be retained shauld , and that death occurred at 10 P. M. from couses and an the date stoted above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATESIGNED ATTENDING STAFF PHYS. DIRECTOR directar, page shauld be filed filed 22d. **ADDRESS** 22c. PHYSICIAN Page 4 moy 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAK'S SIGNATURE ADDRESS VR A15 (4) 20 M 1/66



ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after page 4 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.
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NONE 13. FATHER'S NAME

> Conditions, if eny, which gave rise to Immediate cause

(e), stating the undarlying

20c. TIME OF INJURY

22a. SIGNATURE

22c. PHYSICIAN'S

REMOVAL (Specify)

NAME (Type)

24 FUNERAL DIRECTOR'S SIGNATURE

SILVAN S : LEWIS +

Hour a.m.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unkown) | (Ifyesgive wer or dates of service

PART I, DEATH WAS CAUSED BY:

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

23a. BURIAL, CREMATION. | 23b. DATE THEREOF

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]

DUE TO

DUE TO

Month, Dev. Yeer

While

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Not While

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cause last.

CERTIFICATION

TO FU direct be file VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) 1. PLACE OF DEATH . COUNTY 9RYLAND 1>ALTIMORE MARYLAND BALTIMORE c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) DALTIMORE . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middle OF DECEASED (Type or print) DEATH 1967 CRGAN 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH last birthday) Months Devs Hours WIDOWED A DIVORCED 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired)

FOWGRA

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)

21. I certify that (I) (this hospital) attended the deceased from 7/22, 1961, to 5/20, 1967, that (I) (we) last

fectory, street, office bldg., etc.)

ATTENDING PHYS.

22d. ADDRESS

16. SOCIAL SECURITY NO. | 17. INFORMANT

HASHD

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,)

23c. NAME OF CEMETERY OR CREMATORY

GARRISON,

103519

14. MOTHER'S MAIDEN NAME

Conjective Heart Failure

1) SA

(County)

20f. (City or town)

4000 W. northern Parkwa

23d. LOCATION (City, town or county)

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DIRECTOR

INTERVAL BETWEEN

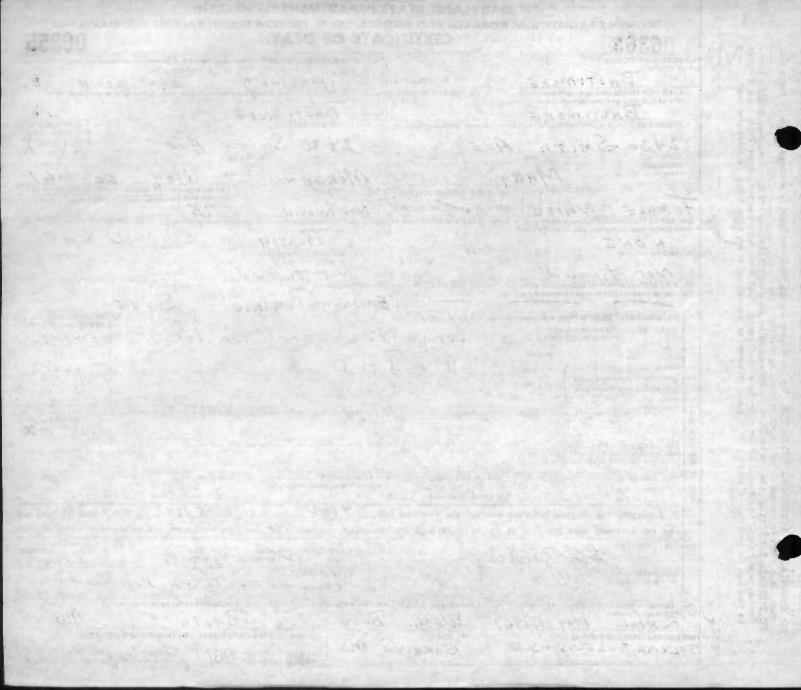
ONSET AND DEATH

PERFORMED? YES NO

(State)

SIGNED

(Stete)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	No.	-	06366			CERTI	FICATE	OF DEATH				06	358
fundament de distribution de de distribution d			PLACE OF DEATH	TIMORE		MA	RYLAND	2. USUAL RESIDENCE (a. STATE MAR	Where deceose	ed lived, if instit b. CO		ce befare a	dmissian)
off ges			. CITY OR TOWN (If aut: write RURAL and give	ide carparate limits	s,	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If o	utside corpora	te limits, write R	URAL ond give	nearest to	own)
hours aft n by the s. Pages haurs aft			FORT HOWA	RD		53 DAYS		BALTIM	ORE		03	./	
d in Ders.	0		I. NAME OF HOSPITAL OR	INSTITUTION (If no	at in haspital, g	ive street address)		d. STREET ADDRESS	2 1	. (.	21		S RESIDÊNCE ON A FARM?
nin 24 ho filled in 1 papers. thin 72 ho	21		VETERANS A	DMINISTR	ATION I	HOSPITAL		7201	Dela	214 (101	YES	
vithi san with			NAME OF DECEASED	Fir		Middle		Last	4. DATE OF		inth	Doy	Year
erificate be executed within physician and campletely fen please remove carban aval, and in any event, with			Type or print)		LTAM	HENRY		MORRIS	DEATH	MAY		26	19 6
amp e e e	-	S. :		OLOR OR RACE		NEVER MARRI		B. DATE OF BIRTH		AGE (In years	Months Months		UNDER 24 HR
any				HITE	WIDOWED	DIVORO	ED	MAY 21, 18	7	yrs.			
3 5 5	1	10a. duri	USUAL OCCUPATION (Give ng most of working life, ev CHAUPFEUR	kind of work done ven if retired)	/10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			12. (11	UNTRY?	HAT
ate iciar leas ang	1				TAX	ICAB		BALTIMORE		LAND	U	.S.A.	
hys n p val,			FATHER'S NAME					14. MOTHER'S MAIDEN					
certifing phy Then mava		-	ARRY MORRIS			OCIAL CECUDITY NO	1 12 1	BARBARA	SACHS	Ada	deses		
eath endir nit. ar re			WAS DECEASED EVER IN U	s give war or dates o	of service t	SOCIAL SECURITY NO.		NFORMANT			dress		
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that the d an. by the att ransit per			1B. CAUSE OF DEATH PART I. DEATH WA	S CAUSED BY:	COR	(a), (b), and (c).) PULMONAL	E						AND DEATH
that than the by the ransit cremat			5020	IMMEDIATE CAUSE	(a)							UNKN	OWN
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ph sign bur			rise to immediate cau	se (a), (. /								
ding een the rr ta			last.	(0026	(c)								
e lo ten ten ten ten as as		2	PART II. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. W	AS AUTOPSY REORMED?
r at e ho	2	CATION	ARTERI	OSCLEROT	IC HEAD	RT DISEAS	E					YES	
al o al o ficat far He		CERTIFIC	200. ACCIDENT WAS UND	RLYING 🗆	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part	Il of item 18.)			
SICI spit spit spit spit spit spit spit spit			OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	IAL EXAMINER)	-								
PHY ne ha this c etach Depl		MEDICAL	20c. TIME OF INJURY A	Manth, Day, Year		IJURY OCCURRED		CE OF INJURY (Hame, far.		(City or town)	(Cou	unty)	(Stote)
0 = De		WE	p.m.	19	While at work	Not While at wark	JI,	1-11-	'/	-106	V-		
ATTENDING STAIN STAIN SHOULD BE SHOULD BE STAIN			21. I certify th	at (埃(this has	pital) attend	led the decease			19		107,19	, that	(t) (we) I
OR: aulo			saw the deceas	ed_alive_on_	5/26/6	719,	and that	death accurred a	15:45AM	, fram cause			toted abo
3			220. SIGNATURE	1/0 /	1			ATTENDING	MED.	STAFF		TE SIGNED	7
ral or lay be ral bire at bire 3 page 3 e filed v			22c. PHYSICIAN'S	reser	fu	van_	M.C	PHYS. L	DIRECTOR	PHYS.	× 5	/20/0	1
RAI RAI be fil	1		NAME (Type)	PETER V.	JUVAN	, M. D.		VAH FOR	T HOWA	RD, MAR	YIAND		
00		230	BURIAL, CREMATION,	23b. DATE THE		23c. NAME OF CE	METERY OR			CATION (City or		(County)	(State)
Page 2 FUN directed shaul			REMOVAL (Specify)	5/20	9/67	BALTIMO				LTIMORE			
	00	24	FUNERAL DIRECTOR		10/	ADDRESS	INERAI	250 PEC	D BY REGISTR		REGISTRAR'S'S	IGNATURE	
VR A15 (4) 25M 1/67	1130	4	to alah To	· Zaane			INE THE	DATE	AAYE 2 8	m 1967	polia	res	noge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06367

CERTIFICATE OF DEATH

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		0030	CERTIFICATE	OF DEATH		0095) (
		PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (When	e deceosed lived, if instituti		re odmission)
		BALTO	MARYLAND	O. STATE MD	b. coup	BALTO	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RUR	AL and give neores	st town)
	6	ATONSVILLE		CATONS	VILLE	03.	/
0	9	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitol, give street oddress)	d. STREET ADDRESS	211/12/12	1-01-	e IS RESIDENCE ON A FARM?
1	12 A	NAME OF First	Middle	lost 4.	DATE Month	144	YES NO Year
) [DECEASED [Type or print] FRANCES	E. MORS	BERGER	OF DEATH 5/	28	1867
-	S. S	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years Jast birthday)	Months Doys	Hours Min.
			DOWED DIVORCED	2/7/97	76 yrs.		
		. USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	ite, or foreign countrγ)	12 CITIZEN OI COUNTRY?	
	13.	FATHER'S NAME	A	14. MOTHER'S MAIDEN NAM	E		
	1	dus Wm. Mos	PERFREFA	MARYJ	- ESPE	-1	
		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT /	Addre	rds .	
	(Tes	s, no, or unknown) (If yes give wor or dotes of servi	(0)	DITH TI	MORSE	REPAIS	S. S.
		1B. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), ond (c).)				ERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mesocardial 2	real Picus	era,	ON	ISET AND DEATH
		DUE TO		00	1		
		Conditions, if ony, which gove) (b)	rleresselvolis a	rdie-vacco	eles Disa	21	0 37
		rise to immediate couse (a), Stating the underlying couse DUE TO					
		last. (c)					
4	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19.	WAS AUTOPSY PERFORMED?
7	BIE					Y	ES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
		p.m. 19	at work U of work U	10	14.3	10/5-11	. (1) (8)) 1
		21. I certify that (I) (this hospital) saw the deceased alive an	affended the deceased fram	t death occurred at	12 taznen 29 NoaM, fram lauses	and an the dat	nat (I) (We) las te stated abave
		220. SIGNATURE)	ATTENDING MED). STAFF	22b. DATE SIGN	(ED
		Milones K. Jall	BOUT DO - MI). PHYS. DIRI	ECTOR L PHYS. L	may 29	1967.
1		22c. PHYSICIAN'S NAME (Type) WI/MEY K. G	allager, Sx MD	22d. ADDRESS	rich Or. Bal	Tima 28	Ind.
		BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tox	wn) (County	(Stote)
2	1	REMOVAL (Specify) 5/29/6	57 LOUDON	PARK	BALTO	MI	
1	24.	FUNERAL DIRECTOR	201 ADDRESS	2So. REC'D BY	- 1057	GISTRAR'S SIGNATU	RELIE .
	1	- 6 mne Wann	301 FREDERIC	F (Third) 3	1 1967	rances you	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the haderat director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta buriol, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

7.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00300	CERTIFICATE OF DEATH	06358
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased in	ved, if institution: Residence before admission)
BALTIMOKE	MARYLAND MARYLAND	BALtimore
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	give street oddsess) d. STREET ADDRESS	e, 11/10, (2/093
1 - D. 1 1	1 (1) 1 1 1 1 1	ON A FARM? VES NO
NAME OF STALTO MEDIC	Middle Lost 4 DATE	Month Doy Year
DECEASED (Type or print) CArence	Charles NASh DEATH	5 15 1967
	NEVER MARRIED 8. DATE OF BIRTH / 9. AG	E (In years IF UNDER I YEAR IF UNDER 24 HRS. 1 birthdoy) Months Doys Hours Min.
MALE CAU, WIDOWED	DIVORCED 5/20/12 3	4 yrs.
	ND OF BUSINESS OR IT BIRTHPLACE (County & Stote, or foreign IDUSTRY)	country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Maria las Ma	Sh Dosa T	Shooler
	SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, no, grunknown) (If yes give wor or dates of service)	8-05-0895	
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b), ond (c).)	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	terio silenti cardio vasulle	a disease
Conditions, if ony, which gove)		
rise to immediate couse (a),		
stoting the underlying couse (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
Theus and	early peritonitis	YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II o	f item 18.)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 Of work	Not While foctory, street, office bldg., etc.)	y or town) (County) (Stote)
21. I certify that (I) (this haspital) attend		
saw the deceased alive an 5/15	5 19 67, and that death accurred at 6.36 P.M., fro	
220. SIGNATURE Boch A Bou	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS. DATE SIGNED 5/16/67
22c. BHYSICIAN'S NAME (Type) DERIEK 17 /	BRUCE 22d. ADDRESS D. M. C	
230. BURIAL, CREMATION, 23b. DATE THEREOF		ON (City or Town) (County) (Stote) KEYSVILLE MD.
DUMINA DIO 10-01	TOPANI CONTIL CLITT COOL	1-101166 110,
24. FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1-and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event-within 72 hours after depth Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

89530 . THE PROPERTY OF THE PROPERTY O Something Add Takes The bown his all halfs to be built out of the NIME IT CAN STANKED STANKED ST Some agreet Americans and Lands and \$170-T-0-156 TOWN WINDS SINE - THERE WAS I WAY BY THE WASHINGTON

FOR STATE
HEALTH DEPT.

TO DEPUTY. JICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funetal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death. VR AISME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0636	3 MEI	DICAL EXAMINER	S CERTIFICA	ATE OF DEATH	06359
. PLACE OF DEAT	тн				Institution: Residence before edimission
Bai	ltimore	MARYLAND	o. STATE	b. COUN	TY
	l (if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write	RURAL end give neerest town)
PRI.	nd give nearest town)		Bal time		0 11 17
		ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
			1		ON A FARM
NAME OF	ndix Radio, J	oppa Ka.	4591 St	- COSTEON MACO	YES NO
DECEASED		Middle	F431	OF	Dey Year
(Type or print)	ROBERT	BRUCE	NEELY	DEATH Ma	V 11 1967
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	C	VIDOWED DIVORCED	9/12/09	57 yrs.	Months Deys Hours Min.
e. USUAL OCCUPA	ATION (Give kind of work working life, even if retired)	106. KINBENNINESS OR INDUSTR	Y 11. BIRTHPLACE (Stet	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
_	rter	Communications	Nort	h Carolina	USA
. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME	
Weele	er Neely		Mil	lie Hall	
WAS DECEASED E	VER IN U.S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 17.	NEODMENT	Address	
es, no or unkown)	(If yes give we ror detes of serv	ice)	MICHIANI	Address	
Yes	MM TT	110 10 1942			
		use per line for (e), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Myocardial In	foretten		ONSET AND BEATT
77.000	DUE TO	-0-072 41141	- M. C (M. C)12		
70001		Antonionalana	44 a O-112		
Conditions, if er	100	VI. CELTOSCIELO	erc carenovs	scular Disease	5 years
(e), stating the	OF BUILD				
couse last.	(c)_				
PART II. OTH		NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	
Live shirt					PERFORMED?
20a. EXTERNAL	CALISE WAS 1 20h	DESCRIBE HOW INJURY OCCURED. (I	inter nature of injury in Pa	art Lee Peat II of item 10 \	YES NO
PART II. OTH	ONTRIBUTING [DESCRIBE HOW INJOKY OCCURED. (I	ther neture of injury in re	in for ren il of item 16.)	
20c, TIME OF IN. Hour e.m.			CE OF INJURY (Home, far ory, street, office bldg., et		(County) (State)
p.m		at work et work			
21. I certify	that I took charge of t	the remains described above, he	ld an Autopsy .	Inspection . Inquir	y , and in my opinion
death resulted	from: Natural caus	es K. Accident . Suic	ide . Homicide	Undetermined m	
dediii leddiied		S. F. J. Colours			
2001111	Williams	· Lunden	CHIEF MEDICAL	EXAMINEK	
ACTUAL SIGNATURE _	·V)CCC p-C ;	- 1 /00 - 2 0000 - 1	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EXAMINER'S	William A.	P177 abuses		AL EXAMINER	May 11, 1967
NAME (Type)		22c. NAME OF CEMETERY OF	Addiamon1	10 Jow Metr county) 22d, LOCATION (City, town	or country) (State)
MEMOVAL (Speci	(y)		2	0	(3000)
DURIAL	5/14/67	ALT. VERNON TA	ESBYTERIA	1 Kowar C	o. N. Carolin
3. FUNERAL DIRECT	OR	ADDRESS CHURCA	4 Cell. 240. RE	AV 4 - 1-1- 4	STRAK'S SIGNATURE
1.0151	Owhnson 8	1521 Loculous	BIND. DATE	1 15 1967	Charles Judge
and a	0	TOUR NAVER	O PORTE		00

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HEALTH DEPT.

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Item 18.

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the certificate.

EXAMINER:

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24 hours

2, one - PM3. Page Deportment of Stote poges lond with oth -8 hours after permit. File within buriol-transit event any = 0 be used removol, 0

the Chief Medical Examiner's Office olong with form

3 should files. cremation,

FUNERAL DIRECTOR: Page director. be retained prior funerol Health the 50 VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland Baltimore *BALTIMORE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Arbutus Arbutus' Lifetime e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1118 Sulphur Spring Road 21227 1118 Sulphur Spring Road YES NO TY NAME OF Middle 4. DATE Doy Year DECEASED NICHOLS ELIZABETH ELLEN 20 19 67 DEATH May (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED XX **NEVER MARRIED** lost birthdoy) Months Doys Hours Jan 25, 1912 Negro WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) **INDUSTRY** Arbutus, Maryland II.S.A Custodian Telephone Co 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henson Garrett Margaret Johnson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 52Address Addison Rd N.E. (Yes, no, or unknown) (If yes give wor or dotes of service) 214-18-6456 Mrs. Vivian Schofield Washington, D.C. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Arteriosclerotic cardiovascular disease associated ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) XXXX Conditions, if ony, which gove (b) with diabetes mellitus rise to immediate couse (o), DUE TO stoting the underlying couse lost WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc. Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinian death resulted from Natural causes X. Undetermined manner Accident Hamicide Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M D DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5-22-67 RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) Arbutus Memorial Park Arbutus Balto Co

North 24. FUNERAL DIRECTOR Nutter

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Tand 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours attendenth.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

CEDTIFICATE OF DEATH

	0037			CERTIFICATI	OF DEATH			1	nogoi	
1.	PLACE OF DEATH a. COUNTY	BALTIMORE		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where deceosed I	ived, if institution b. COUN		before odmissi	ion)
	b. CITY OR TOWN (I	f outside corporate limits, give nearest town)	A Pilos	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate li	mits, write RUR	AL ond give n	neorest town)	
	FORI	HOWARD		5h DAYS	B	ALTIMORE			30.4	/
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospitol, ç		d. STREET ADDRESS	2306			e. IS RESI ON A F	DENCE
	VETERANS	ADMINISTRA	TION I	HOSPITAL	2630 AVA	LON AVENU	E		YES T	NO T
3.	NAME OF	First		Middle	Lost	4. DATE	Month	1	Day Ye	105
1	(Type or print)	CHAR	TES	NMI	NUTT	OF DEATH	MAT	28	8 19	67
S.	SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AC	GE (In years	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.
1	MALE	NEGRO	WIDOWED	DIVORCED	4/28/92	75	st birthdoy) yrs.	Months D	Doys Hours	Min.
	o. USUAL OCCUPATION	(Give kind of work done	10b. Ki	ND OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & Stote, or foreign			EN OF WHAT	
du	ring most of working I		IN	DUSTRY	CATTO	VIRGINIA		COUN	S.A.	
13	. FATHER'S NAME	414			14. MOTHER'S MAIDE	N NAME			av at a	
	ARTHUR	ייידוווע פ			EMAT.TNE	LEYLAND				
15	. WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16. !	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	SS		
()	es, no, ar unknown)	(If yes give wor or dotes of	service)	1 12 23 86 CI	INICAL RECO	ORDS VAH	FOR E	HOWARD	MD.	
F		ATH (Enter only one couse			ZNIONII IGO	Ontog y Villa	,		INTERVAL BET	TWEEN
	PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	CAR	CINOMA OF STOR	MACH				ONSET AND I	DEATH
	151	X DUE TO	,						1	
	Canditians, if any,		1							
	rise to immediate stating the under	couse (a), (-
	lost.) (c	:)							
-	PART II. OTHER SIG	SNIFICANT CONDITIONS CON		O DEATH BUT NOT RELATED TO					19. WAS AUT	
ATIO	ARTER	IOSCLEROTIC	HEART	DISEASE AND	CHRONIC PYE	ELONEPHRI	TIS		PERFORM YES X	NO
CERTIFICATION	20o. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury	in Part I or Port II	of item 18.)			
	OR CONTRIBUTING I									
MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yeor	20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, fo	orm, 20f. (Ci	ity or tawn)	(Count	ly)	(Stote)
MED	Hour 'o.m	1.	While of work	Not While of work	tary, street, office bldg., e	etc.)				
				ded the deceased fram_	4/4/67	, 19, ta	5/28	19 6	7 that (1) (we) last
		ceased alive an	raty direction		at death accurred		ram causes a			
	220. SIGNATURE				ATTEMPINO			22b. DATE		
	0.1	10) a	Mus	t M	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	5-	29-	67
	22c PHYSICIAN'S				22d. ADDRESS			14477	A 227	
	NAME (Type)	JOHN D. TA	LBERT,	, M. D.	VA HOSPI	ITAL FORT	HOWARD	, MARY	LAND	
23	o. BURIAL, CREMATIO		EOF	23c. NAME OF CEMETERY OR	CREMATORY /	23d. LOCATI	ION (City or Iow	(Co	ougty) (S	Stote)
	REMOVAL (Specify)	0	67	Dall My	Cent	150	alle	ne	X	
2	4. FUNERAL DIRECTOR			ADDRESS		EC'D BY REGISTRAR		GISTRAR'S SIGN		
	ELROY W	TISON 1000	Brant?	lev Ave. Balto	· Md.	MAY 31	1967	Chary	Cay your	The same

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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iter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please femave carban pages should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any exent, within X

VR A15 (4) 20 M 1/66

	0637	2		CERTIFIC	CATE	OF DEATH			0	6362
	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed liv	ed, if institution	: Residence	before odmission)
	o. COUNTY	altimore		MARYLA	IND	o. STATE Marv		b. COUNTY		
		If outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		its write RIIRAI		enrest town)
	write RURAL and	d give nearest town)	Service I							100
	d. NAME OF HOSPIT	re Highland TAL OR INSTITUTION (If not	S in hospitol, g	ive street address)		d. STREET ADDRESS	re #27,	(Balti	more	e. IS RESIDENC
	4048 Mc	Dowell Lan	8			4107 Oak	Rd.			ON A FARM YES NO
	NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Month		Doy Year
	(Type or print)	Thoma	5	lul a	n'	Brien	DEATH	May	1	1. 19 6
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B	DATE OF BIRTH		(In yeors	IF UNDER 1 YE	
M	ale	White	WIDOWED	DIVORCED		August 19		birthdoy) 9 yrs.	Months De	oys Hours 1
10o dur	. USUAL OCCUPATION	N (Give kind of work done lite, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			COUN	
		licer (Re	r) Rai	to. Gas &	Ele		rick, Mo		LUSA	
13.	FATHER'S NAME				-	14. MOTHER'S MAIDEN	NAME			
			0.1B	rien						
15.	WAS DECEASED EVE	ER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. II	NFORMANT		Address	307	Penna.
(TE	no, or unknown)	(If yes give wor or dotes of	service)	12-05-5967	ME	a lane C	Denney	(daubh		Elkton,
	IR CAUSE OF D	EATH (Enter only one couse				Julie Li	Deniley	7 manian	1	INTERVAL BETWEE
		TH WAS CAUSED BY:	(1)	eccinoma	1/2					ONSET AND DEAT
	11.5	IMMEDIATE CAUSE (d	1	con property			1)			
	C - 101 - 15	DUE T	0 /1/4	dam	0	A of t	une	_	-	
	Conditions, if ony	te couse (a)		770000	C' /	1 17	1			
	stoting the under		0				0			
Н	last.) (:)(:)							
~	PART II. OTHER SI	IGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. WAS AUTOPS
TIO				S 7 1 1 2 1 1 1						PERFORMED?
CERTIFICATION	20o. ACCIDENT WA	S LINDERLYING (*)	20h DES	CRIBE HOW INJURY OCCU	IIPPED /	Enter nature of injury in	Port I or Port II of	item 18.)	-	1 12 [] 110
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. 01.	CKIDE HOW INJUKT OCC	OKKED. (Lines notote of injury in	1011 1 01 1 011 11 01	10.1		
AL C		MEDICAL EXAMINER)		MININ OSSUPER			T oot to:		15	16:
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor	While	JURY OCCURRED 2		E OF INJURY (Home, for ary, street, office bldg., etc.		y or town)	(Count	y) (Stot
M	р.	10	ot work				111	1		
	21. I certi	ify that (I) (this hasp	ital) attend	led the deceased fr	4111		19_67, ta_	5/1/	196	7, that (1) (we
	saw the d	leceased alive on	3/11	19_6), ar	nd that	death accurred a	1.45 P.M. fro	ım causes ar	nd an the	date stated a
	220. SIGNATURE	(->//-		21.0		ATTEMPIALO	MED	CYACE	22b. DATE	SIGNED
		10/1/	ame	The	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5	11216
	22c. PHYSICIAN'S		^		1 7	22d. ADDRESS	0	20-	001	P 64.
	NAME (Type	E,M,RI	4 40.	S M.D.	1111	3927	annaf	wis /	sa e	sall d
230	. BURIAL, CREMATIO	ON. 23b. DATE THER	EOF	1 23c. NAME OF CEMETE	RY OR C	REMATORY	23d, LOCATIO	N (City or Town) ((c	ounty) (State
	REMOVAL (Specify	()								me
2.4	FUNERAL DIRECTO		1797	Cedar Hi	11.	.emetery	D BY REGISTRAR	YD RED	STRAR'S SIGN	vland
24								nest.	iones	
	Richar	d V. Sinol	eton	Glen Burn	ie.	Mr. DATE	V 1 F 106	2/1	1.00	1 0

Richard V. Singleton Glen Burnie, Md.

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	and the said to				ansu 135 km2	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06373

CERTIFICATE OF DEATH

06363

-											
	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE	(Where decea	sed lived, if institut		befare a	dmissian)
		timpte			MARYLAND	c. CITY OR TOWN (If	and		BA	LTI	TARE
	 b. CITY OR TOWN (I write RURAL and 	f autside carparate limit give nearest tawn)	\$,	c. LENGTH (OF STAY IN 16	c. CITY OR TOWN (If	autside carpare	ate limits, write RU	RAL and give	nearest ta	own)
	Towson	1				Baltir	nore 2	1234	do	2-/	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital,	give street add	ress)	d. STREET ADDRESS					S RESIDENCE ON A FARM?
L		seph Hospi	tal			3003 L	avender	Ave.		YES	
1	NAME OF DECEASED (Type or print)	Orri	rst .e	Wilke	ddle ens	Oldland	4. DATE OF	May Man	th	Day	Year 19 67
-	SEX PINITY	6. COLOR OR RACE	7. MARRIED		MARRIED	8. DATE OF BIRTH		9. AGE (In years	I IF UNDER 1	-	UNDER 24 HRS.
m	ale	White	WIDOWED		OIVORCED	Aug.23 18	398	last birthday) 68 yrs.	Months	Days H	laurs Min.
	. USUAL OCCUPATION	(Give kind of wark dane		(IND OF BUSINE	SS OR	11. BIRTHPLACE (Cour	nty & State, ar fo	reign country)	12. CITI	ZEN OF WI	HAT
GUI	Retire			Coa	1 Mine	Fenna.			Ü	S.A.	
13.	FATHER'S NAME	Marine Fr	57-197			14. MOTHER'S MAIDE	N NAME				
		Walter (Oldlan	d				Ella ?			
		R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURI	TY NO. 17.	INFORMANT		Addr	ess		
(10	No	(ii yes give wai ai aales i	al selvice)		N	rs Rose Old	Lland 3	003 Laver	nder A	venue	е
		ATH (Enter anly one cau	se per line fa	r (a), (b), and (c).)						AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Myocard	ial Inf	arction	7870			ONSET	AND DEATH
	4201	DUE	TO						46		
	Canditians, if any,		(b)								77160
	rise to immediate stating the under		10								
	last.)	(c)								
z	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE (CONDITION GIVI	EN IN PART 1(a)		19. WA	AS AUTOPSY REORMED?
ATIO	S. Berry									YES [
CERTIFICATION	20a. ACCIDENT WAS		20b. D	ESCRIBE HOW I	NJURY OCCURRE	. (Enter nature of injury i	in Part I ar Par	rt II af item 18.)			
		CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJU	RY Manth, Day, Year		INJURY OCCURR		ACE OF INJURY (Hame, fo		(City ar tawn)	(Caur	nty)	(State)
ME	Haur a.n	10	While at wa	rk A at war		ctary, street, affice bldg., e	fc.)				
	21. I certif	y that (I) (this has	pital) otter	nded the de	eosed fram_	May 30		May 31	195	7, that	(I) (we) los
	saw the de	eceosed olive an_	May 3.	1195	7_, and th	at deoth accurred	at 5.35 P	A fram causes	and on the	e date s	stated obov
	22a. SIGNATURE	1.	- 1	0 0	/	ATTENDING	MED.	STAFF		TE SIGNED	1967
)	Jelson	2 . 01	nh V	4/	A.D. PHYS.	DIRECTOR	PHYS.	May May	71	170/
	22c. PHYSICIAN'S NAME (Type)	Nelson S	. de 1	a Paz	8	22d. ADDRESS 7620 Yo	rk Rd.	Baltim	ore, M	d. 21	204
230	. BURIAL, CREMATIC	N, 23b. DATE TH	EREOF	23c. NAME	OF CEMETERY O	R CREMATORY	23d. LC	OCATION (City or To	iwn) (County)	(State)
	REMOVAL (Specify	6-3-1	967	Laurel	Hill (emetery		iontown,		nna.	
24	FUNERAL DIRECTO		/ -	ADDI	orce /		C'D BY REGISTI		EGISTRAR'S SIG		
0	tono o	I Harris	mel 1 02	2 44 A		DATE .	JUN 5	1967	yclisa	lay &	udge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours offer deam. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) . 20 M 1/66

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 agrees should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, with M-V2 haurs offer and the should be filed with the State Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

063	74		CERTI	FICATE	OF DEATH			05	354
1. PLACE OF DEATH o. COUNTY	Baltimore		44 40	YLAND	2. USUAL RESIDENCE (W	here deceased live	d, if institution: I b. COUNTY	Residence befor	re admission)
	(If autside carparate limits	1,	. LENGTH OF STAY		c. CITY OR TOWN (If aut				et town)
write RURAL o	and give nearest town)	'						na give neures	si iowii)
	sville		6mth 7d	y S	Baltimore	21234	Ma.	03.1	IE DECIDENCE
	PITAL OR INSTITUTION (If no				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Grove State	Hospita	ıl		3023 Secon	a Avenue			YES NO
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Month	Doy	
(Type or print)	Emma		Frances	3	O'Mara	DEATH	May	24	1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH	9. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White	WIDOWED 🛨		D 🔲			yrs.	onths Days	Hours Min.
during mast of warkin	ON (Give kind of work done ng life, even if retired)	LINOUS	OF BUSINESS OR STRY	Fe	11. BIRTHPLACE (County 8		untry)	12. CITIZEN OF	
13. FATHER'S NAME	- 1			- 6	14. MOTHER'S MAIDEN N	AME A	,		
Rudelph	to I mus a	B	RY AN		Anna	Am	6205	9	
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. 500	IAL SECURITY NO.	17. 1	NFORMANT	.,,,,	Address		
(Yes, no, or unknown	(If yes give war or dates a	f service)	2-03-094	٠ 1	Records: Sn	ring Gro	we Stat	A Hogn	ital
18. CAUSE OF	DEATH (Enter only one cau			2 4	records. of	A THE ON	VC DOUG		ERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	Cunn		hmana	h				SET AND DEATH
110	IMMEDIATE CAUSE	()	uract ve	pronc	hopneumonia				Weeks
Conditions if a	DUE								
rise to immedi	ote cause (o)	(b)							
stating the und	derlying cause DUE								
last.)	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS CO				HE TERMINAL DISEASE CON	DITION GIVEN IN P	ART 1(o)		WAS AUTOPSY PERFORMED?
S ACCIDENT	THE SHIP SHIP SHIP		its plce		Enter nature of injury in P	1-st 1 D-st 11 - f	10)		res 🔣 NO
OR CONTRIBUTION (IF EITHER, NOTI	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	ZUS. DESCR	IBE HOW INJURY	JCCURRED. (Enter nature of injury in h	an I ar Pan II of	item 18.)		
Haur •	NJURY Month, Day, Year a.m. p.m. 19	20d. INJUI While at wark	Not While at wark		E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City	or town)	(County)	(Stote)
21. I cer	tify that (this has	pital) attended	the deceased	fram_	11-17-66 , 1	9, ta_ N	lay 24	19 67 1	hat 🏋 (we) la:
	deceased alive on		19		death accurred at	M, fran	n causes and		te stated abov
220. SIGNATUR	Anthony	Mh	12.0/1	A CAME			STAFF IST	226. DATE SIGN 5-24-	
22c. PHYSICIAN	67.00000	fille	201001	Z (IVI.L	11113.				
NAME (Ty		J. Your	ng, M.D.			Spring Grove, Mar	rove Sta	te Hos	pital
23d., BURIAL, CREMA	TION. 23b. DATE THE		23c. NAME OF CON	IFTERY OF			(City ar Town)		(State)
RAMOVAL (Spec	5-21	7-1967	HOLY	11	Lamer	250. LORATION	/ //	M	1 - (Side)
24. FUNERAL DIREC	TOR	and a 1	ADDRESS /	0	2So. REC'D	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATUI	RE
C.F. BU	THI YOUR	2807 H	AROLL	K	✓ DATE MA	Y 2 9 19	A7 200	inver	worker.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0637	5		CERTIF	ICATE	OF DEATH				01	536	5
o. COUNTY	Baltimore		MAR'	YLAND	2. USUAL RESIDENCE (O. SIATE Marylan		ed lived, if institut b. COU		ce before	odmissi	on)
b. CITY OR TOWN	(If outside corporate limit	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		te limits, write RU	RAL ond give	e neoresi	town)	
WITTE KUKAL 9	Towson				Baltimo	re 21	234	9 4	13.		
	St. Joseph H				d. STREET ADDRESS 8415 Ha	llmark	Circle			ON A F	DENCE FARM? NO
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mon	th	Doy	Ye	ın
DECEASED (Type or print)	Ter	ева	A.		Panico	OF DEATH	May		14	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	3 0	. DATE OF BIRTH	9.	. AGE (In years	IF UNDER			R 24 HRS.
Female	white	WIDOWED	DIVORCE		4-16-89		last birthdoy) yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATION during most of working Homemal	ON (Give kind of work done glife, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Mary	8 Stote, or for Land	reign country)	12. CI	TIZEN OF UNTRY?	WHAT	
13. FATHER'S NAME	Guy Gam	berdell			14. MOTHER'S MAIDEN	NAME La	aur i na (//	lauri	d M	aur	io
15. WAS DECEASED F (Yes, no prunknown	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes o	f service)	SOCIAL SECURITY NO. 0449470		Lawrence	J. Pan	Addr 100,1806		ann	Rd.	#6
42	ny, which gove ote couse (o),	(b) <u>Chr</u>	onic Pulmo		Disease	condar	y to A.S	.C.V.1		SET AND I	ZAIII
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)			WAS AUT PERFORM ES []	NO P
OR CONTRIBUTION	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port	t II of item 18.)				
Hour o	NJURY Month, Day, Yeor o.m. p.m. 19	20d. If While of work	NJURY OCCURRED Not While of work	focto	E OF INJURY (Home, formary, street, office bldg., etc.	.)	(City or town)	1139	unty)		(Stote)
21. I cer saw the	tify that (I) (this has deceased alive an N	pital) atten	ded the deceased	11 0111	May 14 , death accurred at		a May 14 PMo m causes			iat (I) (e state	
22o. SIGNATUR	RE				ATTENDING	MED.	STAFF C		ATE SIGN		
22c. PHYSICIAN	rs pe) Ramon P. I	opez 0		J.M	PHYS. 22d. ADDRESS 7620 Yorl	DIRECTOR	LJ PHYS. D		-14- · 21		
230. BURIAL, (REMAI REMOVAL (Speci	110N, 23b. DATE TH	67.	23c. NAME OF CEM	etery or o	REMATORY Orial Cem.	23d. LO	CATION (City or To	own)	(County)	(Stote)
24. FUNERAL DIRECT		e. Balt	ADDRESS O. Md. 212	214	2So. REC	D BY REGISTR		EGISTRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06376

CERTIFICATE OF DEATH

06366

PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE o. STATE	(Where deceosed lived, if institution b_COUNTY	
o. Coomii	Baltimore	MARYLAND	0. SIAIE Mar		imore
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporote limits, write RURAL	
write RURAL or	nd give nearest tawn) Howard	2 Days	Lans	downe 03	-/
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
		ation Hospital	701 Fif	th Avenue	YES NOTE
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	JOHN	BENJAMIN	PARKER	DEATH MAY	31 1967
S. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
Male		VIDOWED DIVORCED	9/28/19		
during most of working Mecha		10b. KIND OF BUSINESS OR INDUSTRY Fisher Auto Part		y & Stote, or foreign country) North Carolina	12. CITIZEN OF WHAT
13. FATHER'S NAME	4120	1101101 11400 4 2	14. MOTHER'S MAIDEN		
	Lester Parker			nora Beasley	
1S. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	
(Yes, no, or unknown)	(If yes give wor or dotes of ser	217-03-85-37 C	linical Reco	rds. VAH. Fort I	loward, Maryland
1B. CAUSE OF E	DEATH (Enter only one couse po ATH WAS CAUSED BY:	er line for (o), (b), ond (c).) CARCINOMA OF ESC			INTERVAL BETWEEN
150	MMEDIATE CAUSE (o) _	CAROLITOIR OF IDO	TIMOOD		T-) MONITE
Conditions, if on	y, which gove)				
rise to immedia	ote couse (o),				
stoting the und	erlying couse (c)				
PART II OTHER S		RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CATION	SOUTH CONDITIONS CONTRA	TOO TO DEATH DOT NOT KELATED	THE TERMINAL DISEASE CO	SIEDITION OF ENTINE TAKE TO	PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour o	JURY Month, Doy, Yeor J.m. 19		PLACE OF INJURY (Home, for foctory, street, office bldg., etc		(County) (State)
21. I cert	ify that (this hospita	l) ottended the deceased from	May 29	19 67, to May 31	_, 19 67, that (1) (we) las
saw the c	deceased alive on Ma	y 31 1967, ond t	hat death accurred a	1_4:00AM from couses an	d an the date stated above
220. SIGNATURE	1 h- 1	12 40	ATTENDING	MED. STAFF	22b. DATE SIGNED
yen	e lyth	the land land	M.D. PHYS.	DIRECTOR L PHYS. L	5/31/67
22 PHYSICIAN NAME (Type	GEORGE C. M	C ELFATRICK, M. I	22d. ADDRESS VA HOSP	ITAL, FORT HOWAL	RD, MARYLAND
230. BURIAL, CREMAT				23d. LOCATION (City or Town) (County) (Stote)
REMOVAL (Specif	(v) 6/3/196	7 Louden Park	Cemetery	Baltimore	
24. FUNERAL DIRECT		North & Penn			TRAR'S SIGNATURE
Mm I Think	ner & Sons			JN 1 1967 KG	harles Judge
AUTO A TTCK	ner a sons	Baltimore, M	ary Land		0 *

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and conpletely filled in by the Lineral director, page 3 should be detached for use as the burial-transit permit. Then pledse it may event, within 72 hours ofter death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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Yes the II 217-03-85-37 Uthical Records, Vol. Port Round, Maryland

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	0637	7	JAL KEUL	CERTIFICAT	E OF DEATH	N SIKEEI, BI	0	6367
1.	PLACE OF DEAT. a. COUNTY	Baltimor		MARYLAND	a. STATE	Maryland	b. COUNTY	esidence before admission)
	write RURAL	N (If outside corpora and give nearest to tonsville	n)	c. LENCTH OF STAY IN 16	Baltimo			and give nearest town)
	d. NAME OF HOS			nospital, give street address		orth Pulas	ski Street	e. IS RESIDENCE ON A FARM? YES NO
_	NAME OF DECEASED (Type or print)		rst	Middle Bessie	Last	4. DATE DF DEATH	Month May	Day Year 2 19 67
5.	SEX female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19 ACE	(In years IF UNDER birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a	USUAL OCCUPAT	TION (Give kind of work ling life, even if retire SEWORK	done 10b. F	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State, or fore	eign country) 12. Cl	ITIZEN OF WHAT
13.	FATHER'S NAM	IE .		0 403/10	14. MOTHER'S MAIL	Christin	70 /	
15. (Ye	WAS DECEASED	muel Pearce EVER IN U.S. ARMED FO (If yes give war or dates)	RCES? 16.	,9	INFORMANT		Address	NDT TO A T
	18. CAUSE DF			line for (a), (b), and (c).] ongestive hear	t failure	WG GROVE	STATE HO.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If gave rise to cause (a), s	any, which Immediate tating the DUE	TO (b) B	ronchopneumoni	a			
CERTIFICATION	PART II. OTHER	SICNIFICANT CONDITI		utinc to DEATH BUT NOT REI		DISEASE CONDITION	NGIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH	TH NER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Part I o	r Part II of Item 18	.)
MEDICAL		INJURY Month, Day, m.		Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f. (City o	or town) (Cou	inty) (State)
		ceased alive on	may 2	led the deceased from 19,67, and the	ATTENDING —	MFD. — \$1	e causes and on t	That () (we) last the date stated above. ATE SIGNED -2-67
	22c. PHYSTETA NAME (T	ype) Aprilyon	ny J /I	oung, M.D.	D. PHYS.		113.	HOSPITAL
23a	BURIAL, CREM REMOVAL (Sp	ecify) 5-	THEREOF 5-67	23c. NAME OF CEMETER	bod	BAL7	on (city, town or conto, Count	, Md.
24	FUNERAL DIRI	STOR WAS IT	les o	2101 Huden	ch Core DAIE		25b. REGISTRAR	
					MAT	4 1961		0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after beath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. VR A15 (4) 2DM 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event within 72 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

06368

	00373	CERTIFICATE	OI DEATH		nana
	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived, if institution: Resi	idence before admission)
	a. COUNTY Baltimore	MARYLAND	o. STATE Maryla	nd b. COUNTY	Baltimore
	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16		ide corporate limits, write RURAL and	
	write RURAL and give nearest town) Texas	years	Texas		03,1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE
	138 Church Lane		138 Church	I.ane	ON A FARM? YES NO X
-	NAME OF First	Middle		4. DATE Month	Doy Year
	DECEASED (Type or print) DORA ELIZA	BETH PERRY		OF May 2,	
_		MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9 AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
I	Female White w	DIVORCED M	ay 21, 1880	last birthday) Manth	ns Days Haurs Min.
100	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & :		. CITIZEN OF WHAT
dur	ing most of working life, even if retired)	INDUSTRY Home	Marylan	d	U.S.AA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Joshua Green		Mary E1	izabeth Martin	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, ar unknawn) (If yes give wor or dates af serv	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Address	
(Ye	es no, ar unknawn) (If yes give wor or dates at serv	218-54-2912J1 Mr.	C. Lester P.	erry, Same as #	2
F	18. CAUSE OF DEATH (Enter only one cause pe	r line far (a), (b), (and (c).)	0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a)	Cerebral of	thrombo	1300 -HULTIPE	ONSET AND DEATH
	332X DUE TO		1		10
	Conditions, if ony, which gave) (b)	Carellal 1	Ir levery	Depond	10
	rise to immediate cause (a), Stating the underlying cause		No.		
	kast. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	ITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
ATIO					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	irt I ar Part II af item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m.		E OF INJURY (Hame, farm, bry, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
M	p.m. 19	While of work factor	ory, street, affice blog., etc.)		110
	21. I certify that (1) (this haspital) attended the deceased fram A	UB 2+ , 19		19(, that (1) (we) last
	saw the deceased alive an 4	29/ CHY, and that	death accurred at_	- ')	n the date stated abave.
13	22a. SIGNATURE	11 Dodalan		NED. STAFF	DATE SIGNED
	St Mary C	TO SO WAY	D. PHYS. D.	IRECTOR L PHYS. L	0/0/0/
	22c. PHYSICIAN'S NAME(Type) Donald O. T	Wood, M. D.		nd Greenmeadow,	Fimonium, Md.
20					
230	REMOVAL (Specify)			23d. LOCATION (City or Town) Sparks, Baltimo	(County) (Stote) ore Co., Md.
2/	BURIAL May 5, 19	Jessop Cemet		BY REGISTRAR 25b. REGISTRAR	
W	. FUNERAL DIRECTOR m. Cook-Brooks Towson,	1050 York Road		1007 Volland	es Judge

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Committee of the committee of	LEWSTON BUILDING		
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		06379	CERTIFICAT	E OF DE	ATH	06369
requires that the death certificate be executed within 24 hours after death g physician. signed by the attending physician and campletely filled in by the funeral surial-transit permit. Then please Temove carbon papers. Pages 1 and 3 burial, crematian, ar removal, and inanyevent, within 72 haurs after death		PLACE OF DEATH 1. COUNTY Baltimore	MARYLAND		ESIDENCE (Where deceased lived, if institution of b. Co. b	tutian: Residence befare admission) Baltimo re
ofter he fur ges 1 after		o. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b		TOWN (If outside corparate limits, write I	
iin 24 hours a filled in by th papers. Pag thin 72 haurs c	1	write RURAL and give nearest town) Baltimore	7 vrs.	Balti	imore	12.1
hou hai		I. NAME OF HOSPITAL OR INSTITUTION (If not in	,	d. STREET A		e. IS RESIDENCE
24 per 10 3		4 Tulsa Road			Tulsa Road	ON A FARM? YES NO IX
ile jagrafia	_	YAME OF First	Middle	Last		
ecuted within 24 campletely filled ove carbon pape yevent, within 77		DECEASED	A. Pfeiffe		OF 3.6	
red	S.	Type or print) Margaret EX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BI	DTIL O ACE (In sense	LICINDED I VEAD TICHNIDED 24 HDC
physician and campletely filler pelosate in please remove carbon par oval, and incanyevent, within			WIDOWED DIVORCED	1-27-1	875 92 glast birthday)	Manths Doys Hours Min.
a de la	10a	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		ACE (County & State, ar fareign country)	12. CITIZEN OF WHAT
te ion de la	A	ng most of warking life, even if retired) Lt Home	INDUSTRY	Balti	more County	USA?
fica lysic al, g	13.	FATHER'S NAME		14. MOTHER	'S MAIDEN NAME	
ph hen hov		John Murk		Ma	ary Blum	
th ding		WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Ad	dress
attending permit. The	(16	s, no, ar unknown) (If yes give wor ar dates of se	None	arroll !	L. Pfeiffer - 645 C	oventry Rd.#4
that the death certific an. by the attending phys transit permit. Then p crematian, ar removal,		18. CAUSE OF DEATH (Enter only one couse p		1 1	1 4 h	INTERVAL BETWEEN
that the ian. by the transit proceeds to the crematic		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	arterio belen	The Me	cart Vescare	ONSET AND DEATH
the party cre		4200 DUE TO		5 /	1 -	370
equires that physician. signed by burial-trans burial, crem		Canditions, if any, which gave) (b)	Gerebrul O	hrond	roger -	4 days
requestion of the contract of		rise to immediate cause (a), stoting the underlying couse DUE TO	10 + 1 4	0	0 1 01	
e law retending is been as the priar to		last. (c)	Divertientely	01	Jugmord Golon	2yrs.
ds as	z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(4)	19. WAS AUTOPSY PERFORMED?
AN: The standard stan	ATIO	Je	neralized arte	no !	Scherons.	YES NO
IAN: tol ar ficate far u f Healt	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRE). (Enter noture	of injury in Part I ar Part II of item 18.)	
AYSICIA haspital certific ched fa ched fa		(IF EITHER, NOTIFY MEDICAL EXAMINER)		10.0		20 55 69 65 60
Pristo	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor		LACE OF INJURY		(County) (State)
by the Affer the be de State	×	p.m. 19	at wark at work			
		21. I certify that (I) (this haspite	tal) attended the deceased fram	Cynit 2	- , 1930, to My.	29, 1967, that (1) (we) last
OR:			hin 57 1967, and th	at death acc	curred at Mily M, tram cause	es and an the date stated above.
OR Al be reto DIRECT je 3 sh ed with	ď	220. SIGNATURE Earl L. Ch	sandy 1	ATTENDIN M.D. PHYS.	DIRECTOR L PHYS.	22b. DATE SIGNED / 31/6 >
TAL AL C Pag pag pag ie fille		22c. PHYSICIAN'S NAME (Type) Far-/ L	Chambers -	22d. AD	OF Fiberty Hts	But hal
D HOSPI Page 4 n O FUNER directar, should b	230	BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY O	R CREMATORY	23d. (OCATION (City or	Tawn) (County) (State)
Pag Pag dire sho		Burial 6-1-67	New Cathed			e, Maryland
	24	FUNERAL DIRECTOR	ADDRESS			REGISTRAR'S SIGNATURE
VR A15 (4) . 20 M 1/66	E	llsworth Armacost -	-4600 Liberty Hgh	S.	DATE UN 1 1967	Charley Jugge

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	and the same of th		The second
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be retained

in any event, w DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE DATE OF BIRT NEVER MARRIED DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 15 48 crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY Cardiac insufficiency IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO ficate has been s far use as the k f Health priar to b stoting the underlying couse lost. O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram... saw the deceosed alive on May 22o. SIGNATURE STAFF DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF May 31.67 Govans Presbyterian 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson, Towson, Md. VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH 06380 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTYo STATE b COUNTY -C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OWSOV d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X 6 Md NAME OF 4. DATE Doy Year 19 IF UND 9. AGE (In years R 1 YEAR Months birthdoy) Dovs Hours 12. CITIZEN OF WHAT (County & Stote, or foreign country) COUNTRY? ONSET AND DEATH years Generalized chronic arteriosclerosis, systemic. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (City or town) (Stote) (County) 1960, to May 28 1967, and that deoth occurred at 2 A-M, from causes and on the date stated above. East Cha se St., City-2. 23d. LOCATION (City or Town) (County) Towson, Md. Balto. 2Sb. REGISTRAR'S SIGNATURE voleanles &

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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06381 CERTIFICATE OF DEATH in 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore County b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson MARRIOTTSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) papers. d. STREET ADDRESS HENRYTON Mount Wilson State Hospital NAME OF Middle 4. DATE carban Last Month ever wit DECEASED ORNELIUS IERCE (Type or print) DEATH S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthday) 3-16 and in any WIDOWED DIVORCED and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) pleose during mast of working life, even if retired) INDUSTRY physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval BUTLER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates af service) 231-10-5326 Records, Mount Wilson State Hospital 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit FAR ADVANCED PULMONARY IMMEDIATE CAUSE (o)_ Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health prior ta

stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m.

20d. INJURY OCCURRED While Not While at work at work

19

23c. NAME OF CEMETERY OR CREMATORY

20e. PLACE OF INJURY (Hame, farm, factory, street, affice blda., etc.)

20f. (City or town) (County) , 19____, ta

(Stote) . 19___, that (I) (we) last

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

Manths

Year

IF UNDER 24 HRS

22a. SIGNATURE

saw the deceased alive an____

ATTENDING M.D. PHYS

and that death accurred at___

DIRECTOR PHYS.

23d LOCATION (City of Jown)

22b. DATE SIGNED

M. fram causes and an the date stated above

22c. PHYSICIAN'S

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Wm NAME (Newcomer Superintendent Mount Wilson Maryland

21. I certify that (I) (this haspital) attended the deceased fram.

23b. DATE THEREOF

22d. ADDRESS

(State) (County)

24. FUNERAL DIRECTOR

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

director, page 3 shauld should be filed with the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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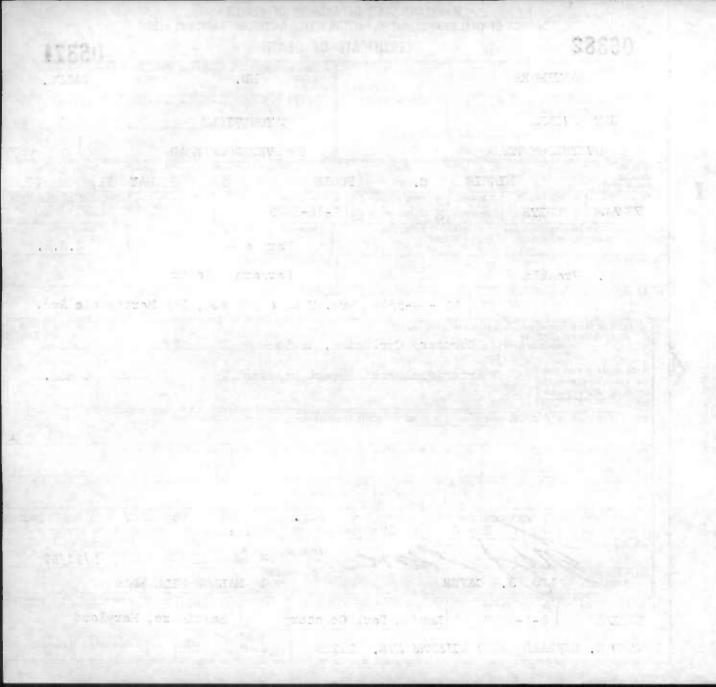
CERTIFICATE OF DEATH

0.0278

					11223 6 2
PLACE OF DEATH O. COUNTY	BALTIMORE	MARYLA	o. STATE		ution: Residence before odmission) UNTY ${ m BALTO}_ullet$
write RITRAL and	f autside corporate limits, I give nearest town) NSVILLE	c. LENGTH OF STAY IN		outside carparate limits, write NSVILLE	RURAL and give nearest lawn)
	AL OR INSTITUTION (If not in I	nospitol, give street oddress)	d. STREET ADDRESS	I D T I I I I I	e IS RESIDENCE
	ERBROOK ROAD		9 OVE	RBROOK ROAD	ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First MINN	IE C.	POOLE	OF	IAY 31, 1967
S. SEX FEMALE		MARRIED NEVER MARRIED IDOWED X DIVORCED	B. DATE OF BIRTH 1-16-1883	9. AGE (In years lost birthdoy) 84 yrs.	Months Doys Hours Min,
10o. USUAL OCCUPATION during most of working	(Give kind af wark dane life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	nty & Stote, ar fareign cauntry) land	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm.	Frankle		14. MOTHER'S MAIDE Marg		
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dates of serv	16. SOCIAL SECURITY NO. 220-44-5540	Mrs. Thelma		dress Martingale Ave.
Conditions, if ony rise to immediat stating the underlast.	which gave e couse (o), rlying couse (C) (C)	Coronary Occlu Arterioscleroti BUTING TO DEATH BUT NOT RELAT	c Heart Disea		Sudden 6 mos.
200. ACCIDENT WA		20b. DESCRIBE HOW INJURY OCCU			PERFORMED? YES NO
= (II EIIIIEK, NOTHI	MEDICAL EXAMINER) URY Month, Doy, Yeor	20d. INJURY OCCURRED 2 While Not While at work of work	Oe. PLACE OF INJURY (Home, for foctory, street, office bldg., e		(County) (Stote)
21. 1 certi	fy that (I) (thischespital eceased alive on M) attended the deceased fr ay 3 19 67, an			967, 19, that (I) (we)class and an the date stated above
22o. SIGNATURE	met	Bune	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5/31/67
22c. PHYSICIAN'S NAME (Type	LEO J.	GAVER	22d. ADDRESS 1	MALLOW HILL	RDAD
230. BURIAL, CREMATION BURTAL	ON, 23b. DATE THEREOF 6-3-1967		ry or crematory k Cemetery	23d. LOCATION (City or Baltimore	
24. FUNERAL DIRECTO		ADDRESS 7 WILKENS AVE.	21229 25o. 8	HALD COT	REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



			TICAL RESEA		1 W. PRESTON STRE	EALTH EET, BALTIMORE, MARYI	LAND 21201	
	06383	, ite	III WO F	CERTIFICAT	E OF DEATH		063	172
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if instituted b. COU		ore admission)
		II outside corporate limit d give nearest tawn)	S,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporote limits, write RUI Baltimore	RAL and give near	est town)
	d. NAME OF SOSPIT	Josephs H	spital	ive street address)	d. STREET ADDRESS 321 East	30th Street		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)		rst John	Middle Thomas	Lost POTEET	4. DATE Mont OF DEATH Ma	y 2	8 19 67
S.	male	6. COLOR OR RACE white	7. MARRIED 4 WIDOWED	NEVER MARRIED OIVORCED	11	9. AGE (In years last birthdoy) 75 yrs.	Months Days	Hours Min.
durj	ing most af warking the national	N (Give kind of wark dane life, even if retired): NCE RETURE	d 10b. KI	ND OF BUSINESS OR DUSTRY	Harford Co		12. CITIZEN	
13.	Sheffi	eld Poteet			14. MOTHER'S MAIDEN M	nown		
15. (Ye	WAS DECEASED EVE es, na, or unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	(')		INFORMANT rs. Mary Po.	teet 321 E.	ess 30th St.	
	PART I. DEA		(a) Bron	chopneumonia:		e right and le	oft	NTERVAL BETWEEN ONSET AND DEATH
	Conditians, if ony rise to immediat stating the unde last.	e couse (a), ((c) Cong	estive heart ; rotic and rhe	matic heart	ndary to arter disease.	rio-	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	. 10	9. WAS AUTOPSY PERFORMEO? YES NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. OE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	Port I or Port II of item 18.)		
MEDICA	Hour a.r p.r	m. 19	While at work	Nat While at wark	ACE OF INJURY (Home, form ctary, street, office bldg., etc.)		(County)	(Stote)
	saw the d	fy that (M) (this has eceased alive an_	pital) attend May	ded the deceased fram 4 2019 67, and the	ay 19 , 1 at death accurred at	967, to May 8:20PM, Mrem causes	and an the do	
	220. SIGNATURE	fame C	7.00	roal N	ATTENDING PHYS.	MED. DIRECTOR PHYS.	May 29	9, 1967
	22c. PHYSICIAN'S NAME (Type	Lawrence	F. Mis	anik, M.D.		k Rd., Towson,		204
23a	REMOVAL (Specify		EREOF	23c. NAME OF CEMETERY OR Goodwill Ch		23d. LOCATION (City or To Hanford (ty) (Stote) Md.

250.

DATE

MAY SEGISTRAR 196

ADDRESS

25b.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funcal director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

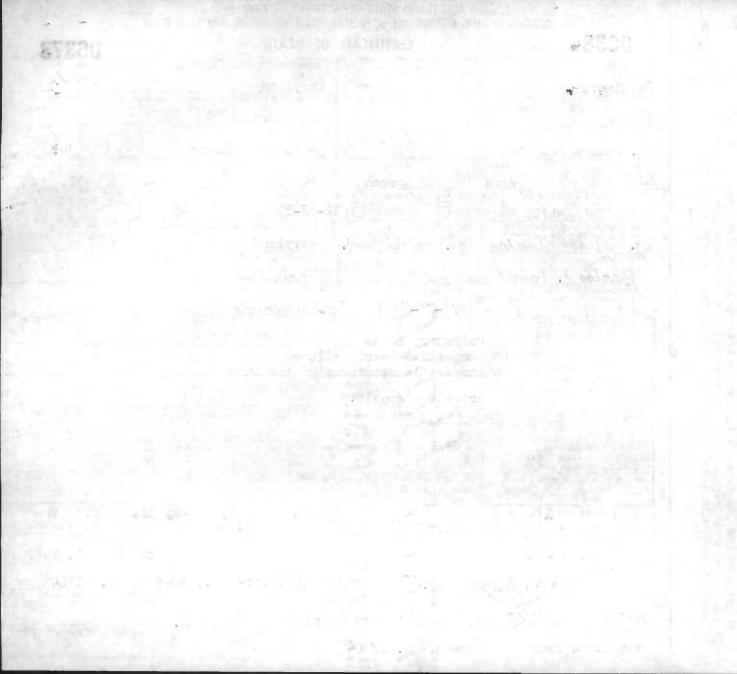
24. FUNERAL DIRECTOR

Moran, Inc. 3000

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	00004	CERTIFICATE	OF DEATH	0.5373
人	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if it	nstitution: Residence before admission)
	o. COUNTY	44400	Maryland b	. COUNTY
	Baltimore	MARYLAND	Maryland	10/16/6).
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town)
	Towson		Baltimore 21234	03-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	St. Joseph Hospital	CONTRACTOR OF THE	34 Dowling Circle	YES NO
3	. NAME OF First	Middle	Lost 4. DATE	Month Doy Year
	(Type or print) Jack	Warren	POWELL OF DEATH	May 31, 19 67
S			R DATE OF BIRTH 9. AGE (In ye	ors I IF UNDER 1 YEAR IF UNDER 24 HRS.
1			lost bigthd	ογ) Months Doys Hours Min.
1	On LISUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
10	uring most of working life, even if retired)	. VATZILIAM .	Maryland	COUNTRY?
-	3. FATHER'S NAME	Mor. retail Inst.	14. MOTHER'S MAIDEN NAME	usn
1				
-	Charles E. Powell		Blanche Aban	
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np, prunknown) (If yes give wor or dotes of servi	(9)	NFORMANT	Address
1	W2	215-18-8863 F	anily records	
F	18. CAUSE OF DEATH (Enter only one couse per		8	INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY:	ulmonary edema		ONSET AND DEATH
		congestive heart for	nilure	
	Conditions, if ony, which gove) (b) 7	Inoperable carcino		
	lise to immediate couse (o), (Dife to	Car Citio	Me Turk	
	Stoting the linderlying collect	rteriosclerosis.	8	- A. S.
1			HE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY
200	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT KELATED TO	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
E				YES NO X
CEDTIENCATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port 1 or Port 11 of item 1	8.)
130	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f, (City or tov	vn) (County) (Stote)
MAC	Hour o.m. p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)	
	2.116		May 6, , 19 67, to May	37 19 67 that (% (wa) lac
	saw the deceased alive an Max	r 31 - 19 67 and that	death accurred at 2:30 AM, fram car	ises and an the date stated above
	220. SIGNATURE	17.327, and mai	decine decorred of a partial, main tal	22b. DATE SIGNED
1	Malieta Lo	111	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	May 31, 1967
	22c. PHYSICIAN'S	M.C	PHYS. DIRECTOR PHYS. 22d. ADDRESS	TI 101
	NAME (Type) Roberto Ferre	m MDT	7620 York Rd., Town	son. Md. 27204
L				
2	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		or Town) (County) (Stote)
L	REMOVAL (Specify) 6/3/67	Loudon Park	emetery Balt.	
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR	b. REGISTRAR'S SIGNATURE
	John Burns Sons	Tourson MJ 2120/1	111N 5 1967	11 11



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION

06385

PLACE OF DEATH

NAME OF

DECEASED (Type or print) SEX

13. FATHER'S NAME

CERTIFICATION

MEDICAL

230.

outside corporote limits,

INSTITUTION (If not in hospital, give street address)

MARRIED MIDOMER

RURAL and give neorest/town)

. OCCUPATION (Give kind of work done

WAS DECEASED EVER IN U.S. ARMED FORCE S?

(Yes, no or upknown) (If yes give wor or dotes of service)

IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

DUE TO

DUE TO

21. I certify that (1) (this haspital) attended the deceased fram

during most of working life even if retired)

Conditions, if ony, which gove rise to immediate couse (o),

stoting the underlying couse

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour o.m.

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

20c. TIME OF INJURY Month, Doy, Yeor

saw the deceased alive ar

CERTIFICATE OF DEATH

		UDALES.
	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	ence before admission)
MARYLAND	"MARY land. "BAL	170.
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Coutside corporate limits, write RURAL and g	ive neorest town)
2dAVS	BALTIMORE	03,1
spitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
MENCALCENTER	6/23 FAIIS KORE	YES NO
Middle 6	lost 4. DATE Month	Doy Year
RRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years I FUNDE	R 1 YEAR IF UNDER 24 HRS.
OWED DIVORCED	10/7/84 Jost girthdoy) Months	
1Db. KIND OF BUSINESS OR	11. BIPTHPLACE (County & Stote, or foleign country) 12.	CITIZEN OF WHAT
INDUSTRY	13ALTIMORE CO.Md.	COUNTS
	14. MOTHER'S MAIDEN NAME	THE STATE OF
N	Hildt	
16. SOCIAL SECURITY NO.	NFORMANT Address	
211-03-78/10	PHTICNTS CHARI	
ine for (o), (b), ond (c).)	2 440 - 1	ONSET AND DEATH
respiratory	anes	2 Mins
Cerebo Divas	cular accident	3 days
	contract occupance	3
ASCVD		undel.
UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
		YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
		15:41
	E OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town)	County) (Stote)
ot work U ot work U		79.1
attended the deceased fram	death accurred at 32 M, fram causes and an	that (I) (we) last
19 (, and mar		DATE SIGNED
M.D	ATTENDING MED. STAFF	5-15-67
L ATOUCH	22d. ADDRESS	- 01
O A LUYU N		
13 10 10		
23c NAME OF CEMETERY OR C		(County) (Stote)
235 NAME OF CEMETERY OR O	41LL TOWSON B	BALTO. MD.
23C NAME OF CEMETERY OR OF ROSPECT (ADDRESS N. M. M.)		BALTO, MD. S SIGNATURE

signed by the attending physician and campletely filled in by the burial-transit permit. Then pleas, remove carban papers. Pages burial, crematian, ar remavdl, ord in any event, within 72 haurs at

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached tar use as the shauld be filed with the State Dept. of Health priar to

VR A15 (4) 25M 1/67

O HOSPITAL

BURIAL, CREMATION 23b. DATE THEREOF 24. FLINERAL DIRECTOR.

U8374 A TANGER OF THE PROPERTY OF TH The state of the s Maxima protorigad 2 Mars 3 days Cerebrovanenlar accident ASCVD Julian V. R. BATOYOP

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06386 CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY b. COUNTY Baltimore 表 7 年 Baltimore Maryland MARYLAND pue deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) writa RURAL and give nearest town) after 21131 Phoenix 98 Phoenix Pages yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? Cooper Road YES NO completely Cooper Road papers. 72 3. NAME OF 4. DATE Day Middla Month DECEASED OF within (Type or print) DEATH 1967 Charles Marion Price May 20 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH and last birthday) Months Male 98 WIDOWED X DIVORCED | Feb. 18. physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Gen. farming Phoenix, Maryland Farmer 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending Robert Oliver Price Elenor Royston levol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Cooper Road (Yes, no, or unkown) | (Ifyes give war or dates of servica) 220 Elenor P. Shepperd Phoenix, Md. Mrs. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ending Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY as 0 CERTIFICATION PERFORMED? use prior NO L Po 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 2Dc. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) ō factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: at work at work D.M. 1901, 21. I certify that (I) (this hospital) attended the deceased from......... P shoul 19.0., and that death occurred at AM, from the causes and on the date stated above saw the deceased alive on....... 220. SIGNATURE DATE ATTENDING SIGNED FUNERAL page with # PHYS. DIRECTOR PHYS. HOSPITA M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, Peli 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) P q. j 0 REMOVAL (Specify) Clynmalira Monkton. Buria. Maryland 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 196 Charles E. Kurtz Jarrettsville. VR A15 (4) Md. 20M 5-63 21084

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	06388	CERTIFICATE OF DEATH	06377
	PLACE OF DEATH OF COUNTY PROPERTY OF THE PROPE	2. USUAL RESIDENCE (Where d	eceased lived, if institution: Residence before admission) b. COUNTY Co. 1 Turn no o
	b. CITY OR TOWN (If outside corporate limits, write RUBA) and give neprest fown)	0.0	rporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IT Not in hasp	ital, give street address) d. STREET ADDRESS AUP 302 Sol	VERS PT. Ad. O. IS RESIDENCE ON A FARM? YES NO DE
	NAME OF DECEASED (Type or print) Henry	5horne Pryor 1. DA	ATH May 24, 1967
S.	SEX Male 6. COLOR OR RACE 7. MAR WIDO		9. AGE (In yeors I F UNDER 1 YEAR) IF UNDER 24 HRS. Norths Days Haurs Min.
duri	ing mas of warking life, even if retired)	Ob. KIND OF BUSINESS OR ANDUSTRY OF A COUNTY & Stote, OF A COUNTY & Stote,	or foreign country) 12. CRIZEN OF WHAT COUNTRY?
13.	Samuel Pry	OP VIRRING L	Treew
	. WAS DECEASED EVER IN U.S. ARMED FÖRCES? es, na, or unknawn) ((If yes give war or dates af service)	213-07-4197 TOROCE PO-4	OR 301 PINEST.
	1B. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).) Hupostatie Premoria	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove (b)	Uremia	3
	rise to immediate couse (a), stating the underlying cause last.	tateriose/ensis(Egos.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 a	r Part II af item 1B.)
MEDICAL	Haur a.m.	20d. INJURY OCCURRED While Nat While at wark 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	PDF. (City or tawn) (County) (State)
	21. I certify that (I) (this hospital) a saw the deceased alive an May		to may 24, 1967, that (1) (we) la M, from causes and an the date stated abav
	220. SIGNATURE Allean C. H	de M.D. ATTENDING MED. DIRECTO	or Phys. Date signed May 24, 1967
	22c. PHYSICIAN'S NAME (Type) WINIAM C. VI	case, M.D. 140 Oak Al	18M4 & Dendalkazand
	Burial, (REMATION, 23b. DATE THEREOF 5-27-67	Mt. Calvary Cemetery	d. LOCATION (City or Town) (County) (Stote)
24	FUNERAL DIRECTOR Charles R. Law 802 Mad	ADDRESS 250. REC'D BY RE	GISTRAR 18672Sb. REGISTRAR'S SIGNATURI 11034

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban pages. VR A15 (4) 25M 1/67

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06387

000			CEKHIFIC	CATE	OF DEATH			U	03/6
PLACE OF DEATH O. COUNTY	Baltimore		MARYLA			ryland	b. COUN	ITY —	i,
	(If outside corporate limit d give neorest town) Catonsvil		c. LENGTH OF STAY IN	fb	c. CITY OR TOWN (If o		limits, write RUR		
	TAL OR INSTITUTION (If no ok Nursing		ive street address)		d. STREET ADDRESS 200 Ma11	ow Hill	Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	F	irst a r y	Middle E. Brown		Lost Raley	4. DATE OF DEATH	Mont Ma		Doy Year 23 1967
s. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED			B. DATE OF BIRTH	9.	AGE (In years lost birthdoy) 75 yrs.	Months Doy	
during most of working Register	N (Give kind of work done life, even if retired) ed Nurse	_ IN	ND OF BUSINESS OR DUSTRY ired		11. BIRTHPLACE (County Freeland,	Md.	gn country)	12. CITIZEN COUNTR	
13. FATHER'S NAME	Brown				14. MOTHER'S MAIDEN Unk	nown			
	ER IN U.S. ARMED FORCES? (If yes give war or dates WW I	of service)	SOCIAL SECURITY NO. 20-24-1273		nformant ward Kaplit	z 4	Addre 603 Wil		e.
Conditions, if on rise to immedio stoting the under	te couse (o),	1	Senese Br	enot	hand and	tenosik	lai	a	INTERVAL BETWEEN ONSET AND DEATH
ATION CATION					HE TERMINAL DISEASE CO				f9. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. ((Enter noture of injury in	Port I or Port I	of item fB.)		
Hour o.	m. 19	While of work	Nat While of work	focto	CE OF INJURY (Home, for ory, street, office bldg., etc.		City or town)	(County)	(Stote)
21. I certi	ify that (1) (this had leceased alive and	spital) attend	led the deceased from 22 19 6 7, and	ram nd that M.D	death accufred at	Sioc AM, MED. DIRECTOR	STAFF PHYS.	and an the d	
23o. BURIAL, CREMATI REMOVAL (Specif Burial			23c. NAME OF CEMETI		ional Ceme	tery Ba	TION (City or Ton	Maryl	and
24. FUNERAL DIRECTO			ADDRESS Wilkens As		21229 250 855	D BY REGISTRAN	67 25by 85	GISTRAR'S SIGNA	TURE .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

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ANALY 2011 PROCESS AND THE PROPERTY OF THE PRO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06389 To Type or Priny CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH LANG RECKORD may 9, 1967 Reckord PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Baltimore County MARYLAND Horrford (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION St. JOSEPH'S D. STREET ADDRESS (If rurol, give location) executed within 163 North Williams StrEET 8. DATE OF BIRTH MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys lost birthdoy) Hours MAJE WhitE Oct. 18, 1886 WELLIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RACE TrACK HArrord Co., MAryland certificate be Auditor U.S. A. 513. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? Lydia A. Zimmerman 17. INFORMANT (WIK) 838-7117 6. SOCIAL requires that the death 163 N. Williams St. permit. Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. ISAbEl O'C. REckord 432-01-0241 18. CAUSE OF DEATH INTERVAL BETWEEN burial-transit ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Insufficiency Acute (This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) been is the attending Arterio-sclerotic heart disease ANTECEDENT CAUSES OS certificate has DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost for Dant of detached OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CALLSING 22. I certify that (I) (this hospital) attended the deceased fram July. 19 64 to May 9. .19.67......and that in(my) (our) apinian death occurred an the dote May 9 that (1) (we) last saw the deceased olive on_ be retained and hour and from the causes stoted above. (1) (We) (did) (did not) view the bady ofter deoth. 23B. DATE SIGNED 23A, SIGNATURE Attending director, page s shauld be filed ed 5-10-67 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Edward Leach 14 E. Eager St. Baltimore, Md. 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION 24C. NAME of CEMETERY or CREMATORY (City, town, or county) (Stote)

REMOVAL (Specify)

Burital

may 12, 1967 mountain Chiristian Church Cem.

25A. DATE RECORD MAY 16 1967 Charles July 25C. FUNERAL

JOSEPH

urch Com. Joppa, Harford Co., MAryland

25C. FUNERAL DIRECTOR W. Broadway & DORESS Comms St. JOSEPH William Foster BEL Air Manyland 21014

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06391		CERTIFICAT	E OF DEATH		08380
1.	PLACE OF DEATH o. COUNTY Baltimo	re Co.	MARYLAND	2. USUAL RESIDENCE (10. STATEMARY)	Where deceosed lived, if instit and b. CO	ution: Residence before odmission) UNTY Baltimore
	b. CITY OR TOWN (If outside corp		Lifetime	c. CITY OR TOWN (If ou	ntside corporote limits, write R	URAL ond give neorest town)
	d. NAME OF HOSPITAL OR INSTITU		l, give street oddress)	d. STREET ADDRESS 7909 Be	lair Road	e. IS RESIDENCE ON A FARM? YES \ NO
3.	NAME OF DECEASED (Type or print) Louis	a First A.	Middle Reider	Lost	4. DATE Mo OF May	Doy Year 8 167
S.	Female 6. COLOR OF White	R RACE 7. MARRIE WIDOWE		B. DATE OF BIRTH Nov. 8,1907	9. AGE (In years 5 lest birthdoy) yrs.	Months Doys Hours Min.
10 du	o. USUAL OCCUPATION (Give kind of	work done 10b.	KIND OF BUSINESS OR INDUSTRYHousewife	11.8IRTHPLACE (County Baltimon	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	George A. K	lein Sr.		14. MOTHER'S MAIDEN	NAME cockmeyer	
	es, Nor unknown) (If yes give wo			informant ohn H. Reider		dress air Road
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO (c)	define	aprin al	breat	1443
ATION	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, D Hour o.m. p.m.	Wh		LACE OF INJURY (Home, form octory, street, office bldg., etc.)		(County) (State)
	21. I certify that (1) saw the deceased ali		ender the deceased fram_ 1962, and th	at death accurred at	77, ta M, fram cause	s and an the date stated abo
	220. SIGNATURE	Ofle	y	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Ri/ger		22d. ADDRESS	Overlea Ave	nue
	BREMOYAL (Specify) Ma	DATE THEREOF By 12, 196	23c. NAME OF CEMETERY OF Gardens of I	Faith	23d. LOCATION (City or 1 Kenwood	Balto. Md.
1	4. FUNERAL DIRECTOR ASSAHN FUNERAL	Home 740	Ol Belair Road	250. REC'I		REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physicion.

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No Great Fall		*7 Te ** 11600 . 13	100 May 12, 19
			Const Lorent Park Toller

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

CERTIFICATE OF DEATH	06381
1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution. g. STATE b. COUNTY	
Baltimore Maryland Maryland	Baltimore
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ond give neorest town)
Towson Baltimore 21206	13.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
St. Joseph Hospital 6102 Hamilton Ave.	YES NXX
3. NAME OF First Middle Lost 4. DATE Month OF	Doy Year
(Type or print) JOSEPH Frederick Reihl, Jr. DEATH May	22, 19 67
	FUNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED May 20, 1967 lost birthdoy) No. 1	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY	12. CITIZEN OF WHAT COUNTRY OF WHAT
None Maryland	UDA
13. FATHER'S NAME	
Joseph Frederick Reihl, Sr. Norma Helen Massey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT HORDITAI Pocorde	
(Yes, no, or unknown) (If yes give wor or dotes of service) none Hospital Records	
1B. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) PART I. DEATH WAS CAUSED BY: MANAGEDIATE CAUSE (a) MANAGEDIATE CAUSE (c) MANAGEDIATE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (6)	
Conditions if any which gave	29 hours
rise to immediate cause (a)	
stoting the underlying couse DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO SE
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work o	(County) (Stote)
21. I certify that (this hospital) attended the deceased from May 20, 1967, to May 22,	, 19 67, that (we) las
saw the deceased alive an May 22, 19 67, and that death accurred at 2:35M, fram causes an	d an the dote stated above
220. SIGNAJURE	22b. DATE SIGNED
melda falanio M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	May 22, 1967
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) Imelda Salanio, M.D. 7620 York Rd., Towson, N	Md. 21204
NAME (Type) Imelda Salanio, M.D. 7620 York Rd., Towson, I	
NAME (Type) Imelda Salanio, M.D. 7620 York Rd., Towson, N 230. BURIAL (REMATION, BRENDY ALES PECTFY) 5/23/67 Wesley Chapel Cem. Rock Hall,	(County) (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after deal Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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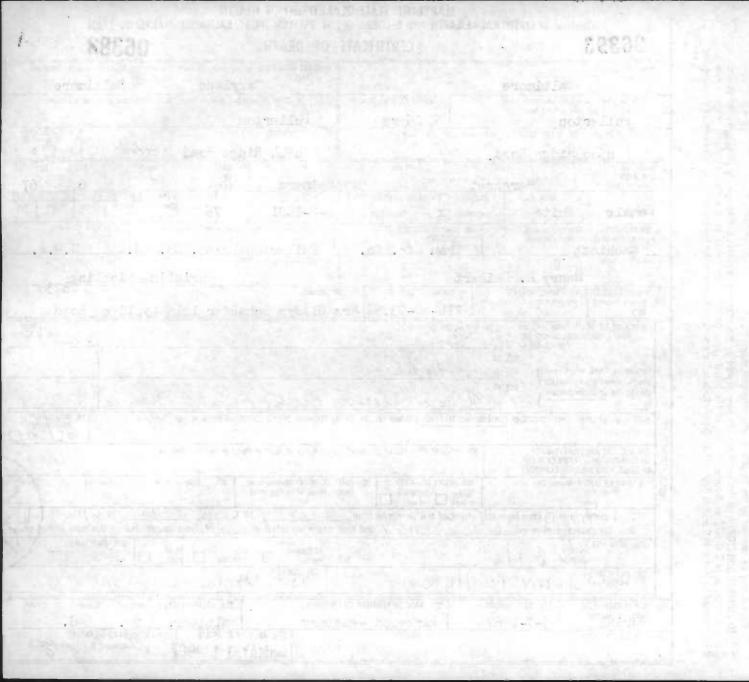
CERTIFICATE OF DEATH

06382

1. PLACE OF DEA				CTATE	CE (Where deceased lived	h COUNTY		ssion)
	Baltimore		MARYLAND		"aryland	Ba	altimore	
	WN (If outside corporate limit L and give nearest tawn)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits	, write RURAL and	give nearest town	
	lerton		25yrs	Fuller		6	7.3.1	
d. NAME OF H	OSPITAL OR INSTITUTION (If n	ot in hospital, g	give street oddress)	d. STREET ADDRESS			e. IS RE	SIDENCE FARM?
4	544 Ridge Roa	ad		4544	Ridge Road	36	YES	NO 🗵
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE OF	Month	Doy	Year
(Type or print)		garet		Reiners	DEATH	5		9 67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years IF UNI		DER 24 HRS.
Female			DIVORCED	6-2-1891	15	D yrs.		
	ATION (Give kind af wark dane rking life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Cou	unty & State, ar foreign cou	ntry) 12	COUNTRY?	
Mach	inst		hau Mfg. Co.		on Balto. (Co. Md	U.S.	Α.
13. FATHER'S NA				14. MOTHER'S MAID			-	
	Henry H. 1	4,3		3 2	Chris	stine Mic		·
IS. WAS DECEASE	D EVER IN U.S. ARMED FORCES? wn) (If yes give war or dates	of service) 16. :	SOCIAL SECURITY NO. 12	. INFORMANT		Address	202	>4
No	tin) (iii jos givo trai or datos	2:	14-20-9375A M	rs Cladys S	Schaefer 181	5 Wycli	fee Road	
	OF DEATH (Enter only one co	use per line far	(a), (b), and (c).)		The Salar Salar		INTERVAL I	
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) C	oma -				3 Deap.	DUAIII
HB	עט	E 10	160					
	fony, which gove	(b)	ywne -		Parameter St.			
	underlying cause Du	013	0	000		· ·	1000	
last.		(c) 177			vasculer		e	
공 PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE	CONDITION GIVEN IN PA	RT 1(o)		RMED?
\$							YES 🗌	NO
	IT WAS UNDERLYING ☐ ITING ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRI	D. (Enter nature af injury	y in Part I or Part II of it	em 18.)		
	OTIFY MEDICAL EXAMINER)							
20c. TIME O	F INJURY Month, Day, Year	20d. II While		PLACE OF INJURY (Hame, octory, street, office bldg.		r town)	(County)	(Stote)
	p.m. 19	at work	at work			718		4.54
			ded the deceased fram		-,,		19 <u>6</u> /that (1)	, ,
	e deceased alive an_	6 Sna	2, 1961, and t	hat death accurred	at 10p M, fram			red abave
220. SIGNA	TURE OF THE	110		ATTENDING		TAFF -	DATE SIGNED	,
22c. PHYSIC	THE COMMENT	44	-	M.D. PHYS. 22d. ADDRESS	^		0 - /	
NAME:		E. H	yle	7327	Melani K	2cl (3	ulli36	,
23a. BURIAL CRE		TEDEUE	23c. NAME OF CEMETERY	OP CREMATORY	23d. LOCATION		(County)	(Stote)
REMOVAL (S	nacifu)						Md.	(31018)
24. FUNERAL DI		70/	Parkwood Ce	OC.	Baltimos REC'D BY REGISTRAR	ce Co.		
PUNERAL DI	D ,	0.11	AUDICIO	36	MAY 1 1 10C	11075 6	rear Joes	260

dages I and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. illed in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Jages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 22-rours after dept. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

06383

1		(
	1. P	LACE

er death. Page 4

DING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with

6394

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY BALTO. MARYLAND	o. STATE Md. b. COUNTY BALL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
PARKINILLE	PARKUILLE 131
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
3101 TEXAS AUE.	3101 TEXAS AUE, ON A FARM? YES NO
3. NAME OF // First Middle	Last , 4. DATE Month Day Year
OBCEASED (Type or print) HELEN SYEVIA RE	VNOLOS OF DEATH MAY 24 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WILDOWED DIVORCED	APRIL 1, 1878 69 415.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WORK AThome	BALTO, Md. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM FINCK	CATHERINE HAMMEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
IVO.	FAMILY SAME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	eletate Care James ONSET AND DEATH
1992 DUE TO	
Conditions, if ony, which) (b) Conditions of one	en de meno andones shirt 261.
gove rise to immediate	The state of the s
couse (o), storing the under-	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
0	YES NO 🗗
I ≃ OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. While Not while	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while of work of work	
21. I certify that I attended the deceased from \$1/8	
	accurred at 30 A.M. fram the causes and an the date stated above
dive on the first dealing	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)
ACTUAL PO	1250 E North Ave = 100 100
SIGNATURE & Sucrement	W.D. 120/01
PHYSICIAN'S NAME (Type) Dr. Sol Tanenbaum	Baltimore, Md. 21202
220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OF	PEREMARBRY 22d. LOCATION (City, town, or county) (Stote)
BURIAL 5-27-1967 PARKWOOD	TAYLOR AUX BOLID, MY
23. FUNERAT PIRECTOR'S SIGNATURE ADDRESS	249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
J. Jalter Conklin 5444 BELAI	RRd. May 29 1967 Scharles Judge ;

may be retained: the spital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. may be retained TO FUNERAL DIREC VS A15 (4) 15M 10/57

3_1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any elent, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE DE DEATI	H				2. USUAL	RESIDENC	E (Where	deceased li			idence before	re admiss	ion)
	a. COUNTY	Baltim	ore		MARVIAND	a. STA	TE Ma	ryla	nd	b. COUNT	ry			/
	b. CITY OR TOW	/N (if outside corp and give nearest	orate limits,	c. LENGT	MARYLAND 1 OF STAY IN 1b	c. CITY OR				Imits, writ	te RURAL a	nd give ne	arest to	wn)
		risville	towny	5 da	VS	Balti	more				21	1		
		SPITAL OR INSTITU	JTION (if not								26	e. IS	RESIDE	VCE
S	PRING G	ROVE STA	TE HOS	SPITAL		912	S. B	runs	wick !	Stree	t	YES [A FARM	
3.	NAME OF DECEASED		First		Ilddie	Last	-	4. DAT	TE	Month		Day	Year	
	(Type or print)		Willian	_	J	Riggs			HTA	May	9		19 6'	7
5.	SEX	6. COLOR OR RA	CE 7. MARR	IED X NEVER	MARRIED [8. DATE OF	BIRTH		9. AGE (In years I	FUNDER 1			
	male	white	WIDOV	VED T	DIVORCED	May 24	, 191	.3	2024	3 _{vrs.}	Months	ays Ho	urs M	in.
10	a. USUAL OCCUPAT	FION (Give kind of wing life, even if re	ork done 1D	b. KIND OF BUS	INESS OR	11. BIRTH	PLACE (Co	ounty & St	tate, or forel	gn country)	12. CIT	IZEN OF W	HAT	
dui	chauffe		tirea)	ואווטטאוו		Ma	rylan	d				S. A		
13	. FATHER'S NAM					14. MOTH			E			U = 21		
	John	n F. Riggs	S				Bess	ie Ka	ane					
		EVER IN U.S. ARME		16. SOCIAL SEC	URITY NO. 17	INFORMANT				Address	S			
(Y	es, ne, or unkown)	(If yes give war or da	tes of service)	220-07-	5216 F	lecords:	SPRT	NG (ROVE	STA	TE HO	SPIT	II.	
-	1 18 CAHEE DE	DEATH [Enter only	One Callee I				0	.,,,	- 110 12			INTERVAL		FN
		EATH WAS CAUSED	BY: BY		nic care	inoma o	f the	June	ee wit	h		ONSET A	ND DEAT	H
		IMMEDIATE CAL	USL (0)				T one	Tant	Ra MTI	/11				-
	1621		OUE TO I	etastat.	ic lesio	ns								
	Conditions, if		(b)			-								_
	cause (a), s		DUE TO											
	underlying caus	se last.	(c)											_
0	PART II. OTHERS	SIGNIFICANT COND	ITIONS CONT	RIBUTINGTODE	ATH BUT NOT RE	LATED TO THE T	ERMINALD	DISEASEC	CONDITION	GIVEN IN F	PART 1(a)	19. WAS	FORMED	SY ?
CA												YES [NO	
CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING ING CAUSE OF I TIFY MEDICAL EXA	DEATH 201	DESCRIBE H	IOW INJURY OCC	CURRED. (Enter	nature of	injury ir	n Part I or	Part II of	Item 18.)			
	(IF EITHER, NO	TIFY MEDICAL EX	AMINER)											
CAL		INJURY Month, D	ay, Year 20	d. INJURY OCC	JRRED 20e. PI	ACE OF INJURY	Y (Home, fa	rm, 2Di	f. (City or	town)	(Coun	ty)	(State	!)
MEDICAL	Hour a.r			hile Not Wi	niie — i	tory, street, on	ice blug., e	10.)						
		fy that AF (this h				May L	10	9 67	to Ma	ау 9	1967	_, that C	K (we)	last
		ceased alive on_		9 19		at death DCCL	irred al	:00 _M	from the	causes a	and on the	date sta	ted abi	ove.
	22a. SIGNATU	RE #	1		dild til	at dogth boot	Jirou uc	p.	, arbiir tiio	1	22b. DA	E SIGNED		-
		Stel	la W	aduler	V	.O. PHYS.	NG X	MED. DIRECTOR	R PH	AFF D	5-10	0-67		
	22c. PHYSICIA	AN'S				22d. Al		PRIN		OVE S	TATE	HOSP.	TAL	
	NAME (T	(pe) St	ella Wa	chsler,	M.D.			Balt	imore	Mar	vland	21 22	3	
23	a. BURIAL, CREM	MATION, 23b. DA	TE THEREOF	23c. NA	ME OF CEMETE	RY OR CREMAT			LOCATION				(State)	=
	REMOVAL (Sp. Burial	eclfy) 5/13/	67	Loude	on Park	Cemeter	V	F	Baltim	ore,	Mary1	and		
24	. FUNERAL DIRI		07		DRESS		25a. REC	C'D BY RI	EGISTRAR	25b. RE	GISTRAR'S	SIGNATUR	E	
	Howard	H. Hubbar	rd 4	107 Wil	kens Ave	. 21229	DATE	Y 11	1967	the	lianle	Just	pe	
4-														

VR A15 (4) 2DM 1/65

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The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06396	Item #14	CERTIFICATE	OF DEATH		D6385
1.	PLACE OF DEATH				Vhere deceased lived, if institution: F	Residence before admission)
	a. COUNTY	imara	MARYLAND	a. STATE	b. COUNTY	timoro
-	b. CITY OR TOWN (II guts	imore	c. LENGTH OF STAY IN 16	Mary Mary	tside carparate limits, write RURAL a	timore
	write RURAL and give	nearest tawn)				na give nearest tawn)
_	Parkv	ille	25 yrs.	Parkvi	lle	03.1
		INSTITUTION (II nat in haspite		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	301/	Edgewwood av	е	301/ Ed	gewood ave	YES NO 🔀
3.	NAME OF DECEASED (Type or print)	Henry D.	Middle Rilev	Last	4. DATE Month OF DEATH May 6	Doy Year 19 6 7
5.		OLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9 AGF (In years IF I	UNDER 1 YEAR IF UNDER 24 HRS.
	M	W WIDOWI	D DIVORCED N	ov 26 190	3 last hirthday) Mo	nths Doys Haurs Min.
	a. USUAL OCCUPATION (Give	***	KIND OF BUSINESS OR			12. CITIZEN OF WHAT
du	ring most af warking life, ev	ren if retired)	INDUSTRY	,	, , , , , , , , , , , , , , , , , , , ,	COUNTRY? USA
12	Caretak FATHER'S NAME	dr	uest Home	Virgin 14. MOTHER'S MAIDEN I		USA
13						
-	William				E. Rilley Rouse	У
15	. WAS DECEASED EVER IN U	.S. ARMED FORCES? give war ar dates al service)	6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
1	No.	give war ar dates at sorting	220-01-9492	Family	Records	
	18. CAUSE OF DEATH	Enter anly ane cause per line	for (a), (b), and (c),)			INTERVAL BETWEEN
	PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o)	nonchogen	i Clercisi	ona	ONSET AND DEARN ?
	1621	DUE TO				
	Conditions, if ony, which	h nave \	U			
	rise to immediate cou	se (o), (
	stoting the underlying last.	cause				
) (c)				Lie was nilyopsy
3			G TO DEATH BUT NOT RELATED TO 1			19. WAS AUTOPSY PERFORMED?
Ī	athe	no oclero	tu Cardei (I de cella	- Hiswel	YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAI (IF EITHER, NOTIFY MEDIC	USE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
N S	20c. TIME OF INJURY N			E OF INJURY (Hame, farm		(Caunty) (Stote)
ME	Haur 'a.m. p.m.	19 W	nile Nat While factor	ary, street, affice bldg., etc.)		
				7 - 1	966, to 5-6	1967 that (1) (we) la
	saw the deceos	ed olive on	-6 19 67 and that	deoth occurred of	34 M, from couses ond	on the dote stated chove
	22g. SIGNATURE	140	1,			22b. DATE SIGNED
4		John C.	14/c M.D		MED. DIRECTOR STAFF PHYS.	5-8-67
	22c. PHYSICIAN'S NAME (Type)		0	22d. ADDRESS		
	MAINT (1 lbe)	John C. Hy	le MD	7527 B	elair Road	
23	a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or Town)	(County) (State)
	Burlal	5/10/67	Dulane Val	ley Mem.	Towson B	alto.
1 2	A ELINEDAL DIDECTOR	88			BY PEGISTRAP 256 PEGISTE	

MMMM Harford road

DATMAY 11

goliantes Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely (filleds), by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban capers. Pages 1 And shauld be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after leaf VR A15 (4) 25M 1/67

C.F. EVANS

& SON

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carpor papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
06207	FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	0.538

1	PLACE DF DEAT	H				2. USUAL RESIDENC	F (Where decess	ed Lived If Instit	utlan: Resli	lence before a	dmission)
-	a. COUNTY					a. STATE		b. COUNT	Y		
		Baltimore		MARY		Maryla				timor	-
	b. CITY OR TOW	(N (If outside corporete II	mits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If			RURAL en	d give neare	st town)
	Caton	and give nearest town)		30 Yrs	3 .	Cato	nsvill	е	00	3.1	
	d. NAME OF HO	SPITAL OR INSTITUTION (f not In ho	spital, give street a	ddress)	d. STREET ADORESS			1,770		SIDENCE FARM?
	102	Bloomsbury	Ave.	,	1230	102 Bloo	msbury	Ave.,		YES 🗌	NO 🔼
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month			ar
	(Type or print)	Irene		M.	R:	ing	DEATH	May	25,	19	67
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIE		B. OATE OF BIRTH	1.0	GE (In years II	UNDER 1 Y		
F	emale		VIDOWED		_ (Oct.1,1890) "	76 yrs.		ys Hours	
10a	USUAL OCCUPA	TION (Give kind of work don	e 10b. KI	ND OF BUSINESS OF		11. BIRTHPLACE (C	ounty & State, or	foreign country)	12. CITI	ZEN OF WHA	T
aur	Housew	(ing life, even if retired)		t Home		Md.			U	S.A.	
13.	FATHER'S NAM		48	o Home		1 14. MOTHER'S MAIC	DEN NAME		1 - 1 - 1		
	Steph	en J. Ander	cson			Unkno	1479				
15	WASDECEASED	EVER IN U.S. ARMED FORCE	S? 1 16	SOCIAL SECURITY NO).] 17.	INFORMANT	7 17 4 4	Address		(12)	
(Ye	no, or unkown)	(If yes give war or dates of ser	vice)		Wid.	rginia A.N	Iomemak	er 521	Wind	lwood	
			1		1	I BIIII A M.I	OMenica	01 /21		INTERVAL B	
		DEATH [Enter only one ca	ause per II		0).]		0 1		200	ONSET AND	
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	an	sucreler	he	conducion	when of	guarde	14-11	1427	
	4221	DUE TO							-11	/	
	Conditions, If	any, which \ (b)									
	gave rise to	Immediate (_ F AT A				
	cause (a), s underlying cau	nating the									
NO		SIGNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH BUT I	NOTRELA	TED TO THE TERMINAL	DISEASE CONDIT	TON GIVEN IN PA	ART1(a)	19. WAS A	
ATI	10	100	0.4	ما ، نام	7	-0.1:				YES T	RMED?
FIC	200 400105817	THE HADEDI VINC CT	1 20b. D	CEODIDE HOW IN IN	BY OCCI	JRRED. (Enter neture o	f Infusy In Port	Lor Part II of	Item 18)	153	110
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) 200. 0	ESCRIBE HOW INJU	KT OCC	JKKED. (EIILGI HƏLLIG O	i mjuty m rait	I OI FAIL II OI	1tem 20.)		
MEDICAL	20c. TIME OF	INJURY Month, Day, Yea	r 20d. If	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa		ty or town)	(Count	y)	(State)
ED	Hour a.		While	Not While	tacto	ry, street, office bldg., e	etc.)				
Z		m. 19	at work			December 6.1	250 1. 9	uny 25	10/7	Abat /IV	/www\ loot
		fy that (I) (this hospita	attende	ed the deceased t							
		ceased alive on	ay o	196/,	and that	t death occurred at	<u>→ M, Trom</u>	the causes a	22b. DAT		d appve.
	22a. SIGNATU	2 a hach	H 6	1.		ATTENDING TO	MED.	STAFF PHYS.		25-6	7
15	22c. YYSICI	ANIS	- 4		M.E	D. PHYS. LESS	DIRECTOR	PHIS.			
	MAME (I	ype) ohn A. Nesbit	t. Jr	.M.D.		1009 Fre	derick F	load Bal	timore	e, Md.	
238	BURIAL CRE	MATION 23b DATE THE		23c. NAME OF C	EMETERY			TION (CIty, tow			State)
1	REMOVAL (SP	5-29-1		Loudor				ltimor		Md	
24	Burial FUNERAL DIR		701	ADDRESS			C'D BY REGISTE	RAR 25b. REC	GISTRAR'S		
1		Strong 32	07 W	. North	Ave.		1 0 0 100	- (V/1)	arles	Jusque	
L	- IIIO HOI (-1 11			DAMAY	29 196	11/			

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.all energy 24 extension

Stephen J. Anderson Wirginia A. Hamersher 521 Windscool Rd.

Burns : 9-29-1969 Louden Park . Oh eye e derend a de

G. Haward Strong 3217 W. Horth Ave., July J.

DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06398 FOR STATE DEPT HEALTH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Baltimore h COUNTY 2, and 3 to PM3. Page 0 MARYLAND Maryland Baltimore delay State Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) 35 vrs Fork e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS em 18. Give Pages 1, 2 Iffice alang with farm Robert's Fruit Stand 00 YES NO Harford Road Fork, Md. 3. NAME OF Month Middle Last 4. DATE Year Dov DECEASED FRANCES MARY ROBERTS 12 (Type or print) DEATH 1967 9. AGE (In years 57 last birthday) S SEX IF UNDER 1 YEAR LIF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours 7-16-1909 death. WIDOWED X Female White DIVORCED permit. File pages land 2 10o, USUAL OCCUPATION (Give kind of work done JOb. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT "pending" in pencil in 116 COUNTRY'S A. during most of working life, even if retired) ofter INDUSTRY New York Bendix Cobe farwarded to the Chief Medical Examiner's Waitress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 hours Unknown O'Donnell .⊑ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) Mr Walter Roberts Box 25 Mingsville, Md. 213-169626 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) the word This certificate shauld DUF TO any Conditions, if any, which gove rise to immediate cause (a), **C** DUE TO stoting the underlying cause Ď oup SD WAS AUTOPS be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, PERFORMED? CERTIFICATION YES XX NO the certificate, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld 10 PRIMARY Or CONTRIBUTING 4 should MEDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 2Dd INILIRY OCCURRED (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page of work Page at wark please execute 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural causes V Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X funeral DEPUTY MEDICAL EXAMINER 5-13-67 **EXAMINER'S** Health WERNER U. SPITZ M.D. Address (Street, city, tawn, ar caunty) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) 0 REMOVAL (Specify) Md. Bel Air Bel Air Memorial Cemetery Burial REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb.

VR A15ME (5) 6M 1/67

Jan 1 Jan

To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and confoletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11634				CERTIFICATI	E OF DEA	AIII		111	SKXX		
1.	PLACE OF DEATH	1				2. USUAL RES	IDENCE (Where decea	sed lived, If inst	itution: Res	idence before	idmission)
	a. COUNTY					a. STATE			b. COUNT			
		Bal	timore		MARYLAND		Mar	vland			ltimor	
	b. CITY OR TOW	N (if outsid	e corporate lim	Its,	c. LENGTH OF STAY IN 1b	c. CITY OR TOV	VN (If out	ide corpo	rate limits, writ	e RURAL a	nd give near	est town)
	write RURAL						Last	hervi	110		13.1	
	d NAME OF HOS	TOW SPITAL OR I		not in he	ospital, give street address)	d. STREET ADD		TIGTAT	116			SIDENCE
	a. man or no	or time on t	issimonon (ii	1100 111 110	ospitali, givo street accircas)	u. orkeer kee					DN A	FARM?
		St.	Joseph	Hosp	ital		850	4 Val	ley Fiel	Ld Rd.	YES	ND X
3.	NAME DF DECEASED		First		Middle	Last	4.	DATE	Month		Day Y	ear
	(Type or print)		Harry		L.	Roff		DEATH	5		23 19	67
5.	SEX	6. COLOR		ARRIED	NEVER MARRIED	8. DATE OF BIRT	1895	9. /	AGE (In years I	FUNDER 1	YEAR IFUNDI	
	M	TaJ	wi	DOWED	DIVORCED T	2/16 H	1095	72	ast birthday)	Months	ays Hours	Min.
10:	. USUAL OCCUPAT	IDN (Give ki			IND OF BUSINESS OR	1 11. BIRTHPLA	CE (County		foreign country)	1 12. CIT	IZEN OF WHA	T
	ing most of work			, U	NDUSTRY /	100 1	1			CDL	INTRY?	
	Post 1	Uttic	e.	Po	ostal.	Maryl				1 4	.3.77.	
13	FATHER'S NAM	5				14. MOTHER'S	77					
7	Harry 1	roxx.				Huce	Ha	u.				
15	. WAS DECEASED	EVER IN U.S.	ARMED FORCES	? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address	S		
(Yi	es, po, or unkown)	111	ed .	Ce)	Ma	. A.	4.	1-	r. 8504	1/-1	111:	11 -
_	yes.	1 Wa			Mr	s. Ann	ne	ssie	2.0504	vai	syste	La Ju
	TOTAL CONTROL CATORINA			se per li	ine for (a), (b), and (c).]					2500	ONSET AND	DEATH
	PART I. DI	EATH WAS C	:AUSED BY: (Te cause (a)		Congenital h	neart fai	lure					
	4/2/21	/	DUE TD									
	Conditions, If	any, which	1		Arterioscler	ocie com	dione	ecula	r diees	SA		
	gave rise to		(0)		AFLETTUSCIE	USIS CAL	ULUVA	SCUL	T GISUA	3.0		
	cause (a), s		DUE TO									
Z	underlying caus) (c)_						710110111711111) ADT 1(a)	119. WAS A	UTDPSY
2	PART II. DTHER	SIGNIFICAN	TEDNOITIONS	DNIRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERM	INALDISE	ASECONDI	HONGIVENINE	AKI 1(a)		RMED?
CA											YES	NO ₂ C
CERTIFICATION	2Da. ACCIDENT	WAS UNDE	RLYING [20b. [DESCRIBE HOW INJURY OCCU	JRRED. (Enter nat	ture of [n]	ury in Pari	t I or Part II of	Item 18.)		- 77
CER	2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	ING [] CAUS TIFY MEDIC	AL EXAMINER)									
			onth, Day, Year	L 20d II	NJURY OCCURRED 20e. PLA	CE OF INJURY (HO	me farm.	20f. (C	Ity or town)	(Cour	ty)	(State)
MEDICAL	Hour a.i		man, buj, rear	While	facto	ry, street, office b	ldg., etc.)				•	
ME	p.i	m.	19		at work							
	21. I certif	fy that (!)	(this hospital)	attend	ed the deceased from		, 19	to		_, 19	_, that (I)	(we) last
	saw the de					t death occurre	d at	_M, from	n the causes	and on th	e date state	d above.
	22a. SIGNATU									22b. DA	TE SIGNED	
	1.14	1000	S 1.	0 (Pas/ Mil	D. PHYS.	MED	CTOR -	STAFF PHYS.	5/2	23/67.	
	22c. PHYSICIA	AN'S		-	- m.i	22d. ADDRI	ESS	100				
	NAME (T	ype) N	elson S.	. de	laPaz			St. J	oseph8s	Hesp	ital	
=	BUDIAL ASSA	AATION L CO	DATE THE	FOR	23c. NAME OF CEMETER	V OD CDEMATORY		23d I DC	ATION (City, to	wn or com	ntv) (State)
23	REMOVAL (Sp	ecify)	Bb. DATE THER	LUP	011.	OR GREWATORT		0 1		A . 1	,	,
_	Burial.	4	1/20/07		Baltimore	(em.	05010		timore	ollia.	CICNATURE	
24	. FUNERAL DIRI	ECTOR	0 1 .	-	ADDRESS	1 0 1 25	a. MA	ST REGIST	RAR 25b. RE	Char	SIGNATURE	ye.
14	eonard	8.1	luck, in	c.5.	305 Harford	Z /a. DA	TE ITIM	e T	MAL		9	9

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

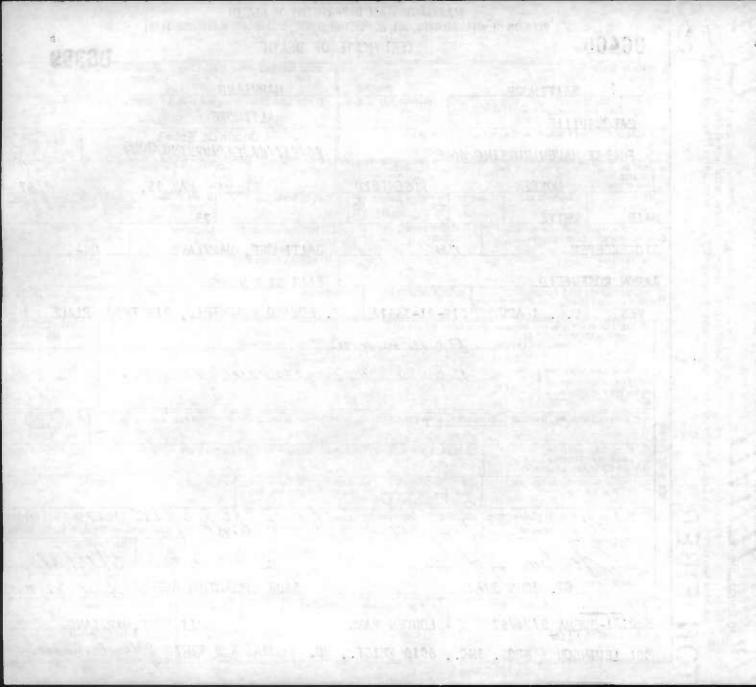
CERTIFICATE OF DEATH

THOOP

								2.1		
1. PLACE OF DE	ATH					NCE (Where d	eceased lived, if inst		ce before admi	ssion)
o. COUNTY	BAITIMORE		м	IARYLAND	or STATE	RYLANT		DUNTY		
b. CITY OR TO	OWN (If outside corporate limits,		c. LENGTH OF STA				rparate limits, write	RURAL ond give	e nearest lawn)
write RUR	AL and give nearest town)					LTIMO			121	100
	ONSVILLE	to the ball of							I a IC DI	CIDENCE
d. NAME OF H	IOSPITAL OR INSTITUTION (If not	in haspital, gi	ve street address)				alk Hotel	HAHE	ON A	SIDENCE FARM?
FORE	EST HAVEN NURST	ING HOL	ME		FOREST/	HAVEN	MURSING/	7414	YES	NO 🗌
3. NAME OF	First		Middle		Last	4. D/		onth	Day	Year
(Type or print	MORRIS		ROSEN	FFID		OI	ATH MAY 1	5	1	9 67
S. SEX	LINE IN LAND	7. MARRIED	NEVER MARI		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		DER 24 HRS.
114.15	WITTE	WIDOWED	DIVOR				last birthday		Days Hou	s Min.
MALE	PATION (Give kind of work done		ID OF BUSINESS OF		T 11 DIDTUDIACE (C	ounty 9 Ctate	or fareign country)		TIZEN OF WHAT	
	orking life, even if retired)		USTRY		II. BIKTHPLACE (C				UNTRY?	
STOREKE		α	VN		BALTIMO		ARYLAND		USA	
13. FATHER'S NA	AME				14. MOTHER'S MA	IDEN NAME				
AARON I	ROSENFELD				ELLA ST	DELIBER	PG			
IS. WAS DECEASE	ED EVER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO	D. 17. I	NFORMANT	PENDE	Ac	ddress		L
	awn) (If yes give war ar dates of s		0 01 2//	14 1/	ם בתיואת	DACE	ITTID 01	2 THEAL	DILOT	#/
YES	I W.W. 1 ARMS		9-01-366	IAIM	K. ELWAKI	KUSEI	VFELD, 91	2 IAZAM		DETINETAL
	OF DEATH (Enter only one couse I, DEATH WAS CAUSED BY:	per line for l	a), (b), and (c).)	-					ONSET AN	
	IMMEDIATE CAUSE (o) []	190 W	26 11-177	1					
42	DUE TO) ~							1000	
	if any, which gave) (b	1 12	02-17	6	My FRM	RULAL	DAM	Atq-		
	underlying cause DUE TO	0	Fair Control							
last.	(c)								
PART II OTH	HER SIGNIFICANT CONDITIONS CON		DEATH BUT NOT	PELATED TO 1	HE TERMINAL DICEAS	SE CONDITION	GIVEN IN PART 1/a)		19. WAS A	LITOPSY
OR CONTRIBI	TEK STOTHIT CAMPITIONS CON	TKIDOTINO IX	D DEATH BOT NOT	KLLAILD TO I	TIL TERMINAL DISEAS	or condition	OITEN IN TAKE I(d)		PERFO	RMED?
3		There							YES	NO [
20a. ACCIDEN	NT WAS UNDERLYING ☐ UTING ☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	Enter nature at inju	iry in Part I o	r Part II of item 18.)			
	OTIFY MEDICAL EXAMINER)									
	OF INJURY Month, Doy, Year	20d. IN.	JURY OCCURRED		E OF INJURY (Hame		20f. (City or town)	(Cau	unty)	(State)
Ho Ho	ur o.m. p.m. 19	While at work	Not While D	foct	ory, street, affice bldg	3., etc.)				
21 1	certify that (I) (this hospi			ad fram	× / /	1966	10 8 /	19 ((Z) that (I)	(wa) las
		rai) dirend	ed the deceds	and that	dobth accurre		M, Tram cause	os and an th	bo data ctal	(Me) Ids
	he deceased alive an	1/1	171	., unu mui	deam accorre	u ulæig	Tir, Hally cause			eu ubuve
220. SIGNA	TUKE	1 //	1		ATTENDING	MED.	STAFF	220. 07	ATE SIGNED	1
	1/8 This 1	7-7-	Selve /	J.M.		DIRECTI	OR L PHYS.	LI 57	18/6	/
22c. PHYSIC	17 / 1				22d. ADDRESS				/	0
TOATEL	DR. JOHN S	SHAW			5800	1 EDMOR	NDSON AVE	VUE GA	11-2	17310
230. BURIAL, CRE		EOF	23c. NAME OF C	EMETERY OR	CREMATORY	. 230	d. LOCATION (City or	Town)	(County)	(State)
BURIA.		7	LOUDEN	DADY			BALTIMO	DE MADU	CIAND	
24. FUNERAL DI	RECTOR TIOH		ADDRESS	PAKA	2Sa.	REC'D BY RE	GISTRAR 2Sb.	REGISTRAR'S SI	IGNATURE	
		THE	712 211122	TICT		MAY A		Client	-	-
COI 11	FUTNISON & RROS	INC.	. 6010 K	ELSIA.	RD. DAT	WITH ON	MODEL New	X CONTRACTOR	My Yelley	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remove from many event, within 72 hours after death.

VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
6401	CERTIFICATE OF DEATH	00336
UAUA		

1. PLACE DF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	a. STATE D. COUNTY DATTIMADIS
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITT OR TOWN (II dutiside corporate limits, write Kokaz and give nearest town)
Towson	Bulto. 12 304
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
TI II	2 5 6 O 6 6 O 10 ON A FARM?
Dulaney Jowson Nuising Home	356 Rosebank AVE. YES NOTE
3. NAME DF First O Middle	Last 4. DATE Month Day Year
(Type or print) sleance Mc Pherson	ROSS DEATH 5 /2 1967
GCA NI - III O I I I I I I	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.
WIDOWED DIVORCED	Dect. 1881 85 yrs.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	The territory of the country?
HOUSEWIFE OWN HOME	Dumbarlon, -colland 0.3.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dinas M Phones and	Coole Mc Darald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	78.44
100 -	AMILY KECORDS
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	of army
163X DUE TO - On d	a lin about 44)
Conditions, if any, which (b) a Metant	vies of me
gave rise to Immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	Lea Wise Citation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIDED TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED?
18 Wark	YES NO
20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The property of the party of th
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
p.m. 19 at work at work	74
21. I certify that (I) (this baspital) attended the deceased from	1961, 19 to 10, 13, 1967, that (1) (we) last
	t death occurred at 31 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SUENED
And No offered	ATTENDING MED. STAFF
(y V) flat of the M.I	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Praul 174erly	2 4 20 MALL 10 10100 12 1000
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 1 23d. LOCATION (City, town or county) (State)
BURTAL (Specify) 5 15 67 PARKWOO	
	D CEHE. PARKVILLE, Md.
24. FUNERAD DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John / Sum Hous Hours	What DATE A A 1007 Ocharles Judges
1	MAY 16 1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pepers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours altered death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

1 1 world processed in many party (SI) 1831 For The X Devoted P. P. Plantson C. S. T. Devote D. Landy

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06402 PLACE DF DEATH filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. CDUNTY b. CDUNTY papers. Pages I nin 72 hours after, MARYIAND b. CITY DR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 1b (If outside corporate limits, write RURAL and give negrest town) write BURAL and give nearest town) d. NAME OF HOSPITAL DR INSUITUTION (If not in hospital, give street address) /mare e. IS RESIDENCE DN A FARM? d. STREET ADDRESS hin 72 00 NO pau NAME OF Middle DATE letely f First Last Doy Year DECEASED DEATH 19 (Type or print) D and tomp SEX AGE (In years IF UNDER 1 YEAR 6. CDLDR DR RACE NEVER MARRIED DATE DE BIRTH 7. MARRIED remove birthdoy) lost Months Doys Haurs WIDDWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of warking life, even if retired) INDUSTRY CQUNTRY? physician and AILORING 0 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME or remayal, the attending phys DEORGE e JSNER WAS DECEASED EVER IN U.S. ARMED EDRCES? 17. INFORMANT 16. SDCIAL SECURITY ND (Yes, not ar unknown) (If yes give war ar dates of service crematian, INTERVAL BETWEEN CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH -transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician 1538 DUE TO burial-1 burial, Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TD stating the underlying cause as the priar to b TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CFRTIFICATION be detached far use State Dept. af Health NO 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME DF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from G director, page 3 shauld shauld be filed with the and that death accurred at 16.46 M, from courses and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY DR CREMATDRY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LDCATION (City of Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR REGISTRAR'S SIGNATURE 2So. REC'D BY 25b. VR A15 (4) 1967 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06403 within 24 hours after death funeral Y ame PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND laryland in by the factor are. Pages aft b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Randallstown 21215 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled i bury YES NO / Deltimore HOSPITAL within 3. NAME OF Middle DATE remove combon Year campletely DECEASED (Type or print) NATHAN DEATH 19 6 orman requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours in any whote WIDOWED DIVORCED -02 signed by the attending physician and burial-transit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired)

MACHINIST COUNTRY? **INDUSTRY** SSIQ etired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remava Ceuben Karasik WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dotes of service Betty Scheer. 2721 Cylburn Avenue burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far.(a), (b), and-(c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY messive IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO far use as the l Health prior ta b stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) O HOSPITAL OR ATTENDING PHYSICIAN: The CERTIFICATION NO far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) Dept. af 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (City or tawn) (County) (State) Haur a.m. factory, street, office blda., etc.) Nat While State at work at wark pe 21. 1 certify that (1) (this haspital) attended the deceased from, 1967 and that death accurred at shauld vith the M, fram causes and an the date stated above saw the deceased alive an. 22a. SIGNATURE 22b-DATE SIGNED ATTENDING STAFF director, page 3. shauld be filed w M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NGEL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Baltimore. Maryland Hebrus friendship-5/29/67 Burial

ADDRESS

Levinson & Bros. Inc., 6010 Reist., Rd.

REC'D BY REGISTRAR

1967

2Sb, REGISTRAR'S SIGNATURE

VR A15 (4)

24. FUNERAL DIRECTOR

WEEGO all property of the said of th

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06404

CERTIFICATE OF DEATH

06393

L.									
1.	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI a. STATE MC.	here deceased lived, if institution: Re b. COUNTY	sidence before odmission) Baltimore			
		If autside carparate limits, d give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side carporote limits, write RURAL and	d give nearest town)			
	Towe	on	5 2200	Luther	ville	03.1			
	d. NAME OF HOSPIT	AT OR INSTITUTION (If not in hopeake Manor N.	spital, give street oddress). Home	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO H			
				1719 Gre	enspring Dr.	YES NO #			
3.	NAME OF DECEASED (Type or print)	Frederick Wi	Middle .lliam Scheller	Lost	4. DATE Month OF DEATH May 31,1	Doγ Year 967 19			
5	SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS.			
٥.	M		DOWED # DIVORCED		lost birthday) Mont				
10			10b. KIND OF BUSINESS OR	June 25, 1886	80 yrs.	2. CITIZEN OF WHAT			
du	o. USUAL OCCUPATION	(Give kind of work dane	INDUSTRY	11. BIK I HPLACE (County &	State, ar fareign country)	COUNTRY?			
	Super	life, even if refired) VISOR, C.&P. T	elophone Co.	Baltimor	e, Md.	U.S.A.			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NA					
	Fr	ederick Willia	m Scheller	Margar	et E. Wilson				
15 (Y	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates af service)	16. SOCIAL SECURITY NO. 17.	. INFORMANT	Address	attach Brita			
(No	(,	212 05 0612	Mrs. Mary Ha	veey, Luthervill	e Md			
F		EATH (Enter anly one couse per				INTERVAL BETWEEN			
	PART I. DEA	TH WAS CAUSED BY:	ARTERIOSCLER.	DO CADDINILA	KINLINE DISTANCE				
	1100		THIERIOSCEGE	TO CITA CIODIA	3000-111 01304130	- 10 443			
	4001	DUE TO				11 11 11 11 11 11 11 11			
	Conditions, if any	, which gove) (b)							
	rise to immediat								
	last.	riying couse (c)							
			UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONF	NITION CIVEN IN PART 1(a)	19. WAS AUTOPSY			
NO	PAKI II. UINEK SI	GNIFICANT CONDITIONS CONTRIB	OTING TO DEATH BUT NOT KELATED TO	J THE TERMINAL DISEASE CONE	THON SIVEN IN TAKE I(U)	PERFORMED?			
CATI						YES NO			
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Port II of item 18.)				
ਤ	(in annually months	URY Month, Day, Year	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (State)			
MEDICAL	Haur o.	m.		actary, street, office bldg., etc.)					
-4	21. I certi	ify that (I) (this hospital)	attended the deceased from.		40, to 3/3/	1967, that (I) (we)-los			
	sow the d	eceased alive on	nay 1967, and th	not deoth occurred ot	M, from couses and	on the date stated above			
	22a. SIGNATURE M.D. ATTENDING MED. STAFF OF PHYS. 22b. DATE SIGNATURE M.D. PHYS.								
	22c. PHYSICIAN'S NAME (Type		Pillsbury	22d. ADDRESS 2060 Yo	rk Rd., Timonium	, Md.			
23	o. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
	BROAT ROBeit				Parkville, Ba	, ,,			
_	A FUNERAL DIRECTO		ADDRESS			· · · · · · · · · · · · · · · · · · ·			
2	4. FUNERAL DIRECTO Wm. Co		on, Towson, Md.	2Sa. RJGD		ars signature			
			,,	LUAIL					

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after deat Page 4 may be retained by the haspital ar attending physician.

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Ser. N

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

06405	CERTIFICATE	OF DEATH		06394
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary]	where deceosed lived, if institute and b. COUR	ion: Residence before odmission) NTY
b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) Baltimore	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou Baltimore	tside corporote limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp St. Joseph Hospital	itol, give street oddress)	d. STREET ADDRESS	Design	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Henry	Middle C. Scho	lost eberlein	4. DATE Mont OF May	
		8. DATE OF BIRTH 1/31/1904	9. AGE (In years 6 birthdoy) yrs.	Months Doys Hours Min.
during most of working life, even if retired) Machinist (Ob. KIND OF BUSINESS OR INDUSTRY Crown Cork & S	Baltimon	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Schoberlein		14. MOTHER'S MAIDEN N	ka Boehner	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. 17. 12. 16. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Family r	Addre	ess
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (b) (c)	atraventricular h f brain therosclerotic he	eart disease	with hyperter	nsion.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ITERITIFER NOTIFY MEDICAL FXAMINED	ING TO DEATH BUT NOT RELATED TO b. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PEREORMED? YES NO
Hour o.m. 19 0	While Not While foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
21. I certify that (A) (this haspital) a saw the deceased alive an May	ttended the deceased fram M. 19.67, and tha	t death accurred9at	957 to May 1, 05p M, fram causes	and an the date stated abov
220. SIGNATURE Lique S. E	Evekburn M.		MED. DIRECTOR DIRECTOR PHYS.	22b. DATE SIGNED May 2, 1967
22c. PHYSICIAN'S NAME (Type) Juana S. Coc	ekburn, M.D.	7620 Yor	Rd., Towson,	Md. 21204
230. BURIAL (REMATION, 23b. DATE THEREOF 5/5/67	23c. NAME OF CEMETERY OR Moreland M	emorial Pa	23d. LOCATION (City or To	wn) (County) (Stote) Md.
24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATURE

8802 Harford road

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave tarbor papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

C.F.EVANS

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Carlo Committee of the Land of the L THE RESERVE AS A SECOND CONTRACT OF SERVER AS A SECOND CONTRACT OF SECOND The following the second party of the second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and composetely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the stat

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Ttem 2 Film G388 5/11/67 kkCERTIFICATE OF DEATH	06395/
1.	PLACE OF DEATH BALT IMPRE COUNTY BALT MARYLAND B. COUNTY BALT MARYLAND B. COUNTY BY MARYLAND B. COUNTY BY	Advision)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town)
	d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Princess Issena Hote	e. IS RESIDENCE ON A FARM?
3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) Mabel C Schuchart. DEATH MAY	Day Year 7 19 6 2
F	emale Cau, WIDOWED DIVORCED 2/8/83 82 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
dur	Housewife Housewife Maryland Co	TIZEN OF WHAT
13.	Joseph Linthicum ? Smith	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. INFORMANT Address (If yes give war or dates of service) No None 113-05-1288 PATIENTS CHART	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate (b) Congestive Reart failure	5 Yrs
Z	cause (a), stating the DUE TO Respiratory difficulty secondary to.	
FICATIO	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FOR THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(a) Charminal distances by fluid due to puraly tic elec	19. WAS AUTOPSY PERFORMED?
L CERII	2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	nty) (State)
	saw the deceased alive on MAY 3 19 67, and that death occurred at 3 164 M, from the causes and on the	
	22a. SIGNATURE Seock, e, chang M.D. ATTENDING MED. DIRECTOR PHYS. DIRECTOR PHYS. 1 22b. DA 22c. PHYSICIAN'S	ay 7. 67
1	NAME (Type) G B M C	/ /
23a.	Bureal 5/10/67 Druid Ridge Cernetery Pikewille,	nd.
24.	In L. Tickner Llong north a par. Date MAY 8' 1967 flor	4 8

VR AI5 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06407	CERTIFICATE	OF DEATH	063	96
	1. F	PLACE OF DEATH a. COUNTY BALTIMORE GEGLI	NTRY GEN HARRIAND	2. USUAL RESIDENCE (Where deceased lived, if a. STATE Md.	COUNTY	before admission) Lmore
	- 1	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, w	ite RURAL and give n	eorest town)
	Ru	write RURAL ond give negrest town) ral-Randallstown		Randallstown 21133		13.1
	d	d. NAME OF HOSPITAL OR INSTITUTION (If nat	in haspitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
2		Balt. Co. General Ho	spital	3705 Cassen Road		YES NO NO
		NAME OF First DECEASED ###	t Middle	Lost Jr. 4. DATE OF	Month	Day Year
	((Type or print) CHARLE	55 / L.	SCHWAKTE DEATH	5	0 1967
)	MW	WIDOWED DIVORCED	8. DATE OF BIRTH 77 9. AGE (In y. last birth	day) Months Do	ays Haurs Min.
		. USUAL OCCUPATION (Give kind af wark dane ing most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fafeign country	12. CITIZE	EN OF WHAT TRY?
	5	tationary Engineer	Cold Storage	Balt. Co. Md.	U.S	S.A.
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Charles L. Schwartz		Lydia Raver	4.11	
	(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) ((If yes give war or dates af s	service)	INFORMANT		dallstown
	N			s. Florence L. Schwart	z-3705 Car	
		18. CAUSE OF DEATH (Enter only one cause PART 1. DEATH WAS CAUSED BY:		LONIAL INTLOS	TIM)	ONSET AND DEATH
d			ACUTE MYOC	AUDIAL INTAICE	100	
		Conditions if any which nave t	DARNISA DIS	THROMBOSIS		
		rise to immediate cause (a),	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		W. L
		stating the underlying cause (constant)				
2	TION	_		THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part II af item	18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19		CE OF INJURY (Home, farm, 20f. (City or to lory, street, office bldg., etc.)	wn) (Count	y) (Stote)
			ital) attended the deceased from_	5 /10, 19 67, to 5		7thot (I) (we) last
		sow the deceased olive on	5/10 1967, and tha	t death occurred of $\nearrow PM$, from co		date stated above.
		220. SIGNATURE	Taluts M.			110/67
/		22c. PHYSICIAN'S NAME (Type) MARIAN	O A. TOLENTIA	22d. ADDRESS 30/ ST. PAU.	L ST. 13	ALT MD21202
		BURIAL, CREMATION, 23b. DATE THER				ounty) (Stote)
)	_	urial (Specify) 5/13/67				
		. FUNERAL DIRECTOR	ADDRESS		Sb. REGISTRAR'S SIGN	11
	L	oring Byers-8728 Lib	erty Rd. Randallsto	m. Mel DATEMAY 15 1967	1	10

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Foreral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apy-event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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MARCHETT CONTRACTOR

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Salt. Co. Usamel Liverial Lab. Miss

Stationery Engineer Cald Stornes

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2725 Canson Road

SALVER TELL

CAYAL ALLYI

202422-4776 Res. Clerence L. Schlencus-7709 Custer M.

5/13/67 | Druid Ridge Century | H anville, Me. 21206

Loring Brare-2738 Liberty Nd. Randallatons, DM. . MAY L.5 1987 . Merce-May

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coppletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capton papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

06408

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH				SIDENCE (Where d	eceased lived, If inst		ace before admission)
	Baltimore		MARYLAND	a. STATE	Marylan	b. COUNT	Balt	imore
6	b. CITY OR TOWN (If outside co write RURAL and give neare	rporate limits, c.	LENGTH OF STAY IN 15	c. CITY OR TO	OWN (If outside co	rporate limits, writ	e RURAL and	give nearest town)
	Lutherville	st town)		Luthe	rville.	27.093	100	1
	d. NAME OF HOSPITAL OR INST	ITUTION (If not in hospif	tal, give street address	d. STREET AD	DRESS		- 42 743	e. IS RESIDENCE ON A FARM?
	1101 Hemsle	y Court		1101	Hemsley	Court		YES NO NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month		ay Year
	(Type or print)	Marie	C.	Scotney	DEAT	0	2	1967
5.	SEX 6. COLOR OR I	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIR	RTH S	last birthday)	FUNDER 1 YEA Months Days	AR IFUNDER 24 HRS. Hours Min.
	FW	WIDOWED [DIVORCED	10/17/1	1916	50 yrs.		
10a	a. USUAL OCCUPATION (Give kind of ring most of working life, even if	f work done 10b. KIND retired) INDUS	OF BUSINESS OR STRY	11. BIRTHPL	ACE (County & Stat	e, or foreign country)	COUNT	N OF WHAT
13	Secretary FATHER'S NAME	Bend	ix Corp.		nore, Md	•	U.S	.A.
10	William A. Ka	mmeer			7. Colli	ns		
15	. WAS DECEASED EVER IN U.S. ARN	MED FORCES? 16. SOC	IAL SECURITY NO. 17	INFORMANT		Address	S	
(1)	es, no, or unkown) (If yes give war or		01-1501 H	erbert 1	M. Scotn	ev	(Same)
	18. CAUSE OF DEATH [Enter o			0		7		TERVAL BETWEEN
	PART I. DEATH WAS CAUS	ED BY: Cak	zinoma	04 1	reas	+	01	NSET AND DEATH
	170X IMMEDIATE C	DUE TO						1-1-1-1-1
	Conditions, If any, which	(b)						
	gave rise to immediate	DUE TO						
	cause (a), stating the underlying cause last.	(c)					350	
NO	PART II. OTHER SIGNIFICANT COI		G TO DEATH BUT NOT RE	LATED TO THE TERI	MINAL DISEASE CO	NDITION GIVEN IN F	PART 1(a) 1	
CAT		with the definition of	1/20/2016				2401	PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYI	NG 20b. DESC	RIBE HOW INJURY OC	URRED. (Enter na	ature of injury in	Part I or Part II of		
	OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL E							
MEDICAL	20c. TIME OF INJURY Month, Hour a.m.		for	ACE OF INJURY (H		(City or town)	(County)	(State)
MED	p.m.	19 While at work	Not While at work	. /	Sidgif vio.	-,	51444	
	21. I certify that (I) (this	hospital) attended t	he deceased from	And		hay &	1967	that (I) (we)-last
	saw the deceased alive o	10.00		at death occurre	ed at OP M, f	rom the causes a	and on the d	ate stated above
	22a. \SIGNATURE			ATTEMPINA	Auro	OTAFF	22b. DATE	SIGNED
	WILL	Justin	M M	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	2-,	7-61
	22c. PHYSICIAN'S NAME (Type)	TT	7	22d. ADDR		Danson D7.		
	Dr.	William H.				Raven Bl		
238	BURIAL, CREMATION, 23b. I REMOVAL (Specify)		BC. NAME OF CEMETE	RY OR CREMATOR		LOCATION (CIty, to	wn or county)	(State)
1	Burial 5/6	/1967	New Cathe	dral		timore.		Md .
24		Sons Co. 4	ADDRESS 1905 York	Ra	a. REC'D BY REG		GISTRAR'S SI	BINATURE
1		1to.12. Md		l D	TE. 5	367 Jan	mes &	ndge
	1300	T O O STEET TO				U	//	L/

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1: 03:			06403		CERTII	FICATE OF	DEATH		OF	398	
r death			PLACE OF DEATH D. COUNTY BALTO		MAR		UAL RESIDENCE (WH STATE	nere deceosed lived, if inst	OLINTY _	before odmissi	on)
by the factor of			o. CITY OR TOWN (If outside corpo write RURAL and give nearest		c. LENGTH OF STAY		Y OR TOWN (If outsi	ide corporote limits, write			
nin 24 hou filled in b papers. thin 72 ho	00		I. NAME OF HOSPITAL OR INSTITUT		ospitol, give street oddress)		REET ADDRESS		-15	e. IS RESI ON A F	DENCE ARM? NO
within 24 fety filled i rbon paper within 72			NAME OF	First	Middle G			4. DATE A	Nonth	Doy Ye	ear 67
comple comple y event)	S.			ARRIED NEVER MARRIE DOWED DIVORCE	D 8. DATE	OF BIRTH	9. AGE (In years	s IF UNDER 1 Y		R 24 HRS. Min.
e be exe		10o duri	USUAL OCCUPATION (Give kind of wing most of working life, even if retir	vork done ed)	10b. KIND OF BUSINESS OR INDUSTRY			Stote, or foreign country)	12. CITIZ	TEN OF WHAT	7
physicie physicie ovol, or		13.	FATHER'S NAME JOSEPH	SHM	20100	14. M	OTHER'S MAIDEN NA	ME >			
ie deoth certificote be executed withi attending physician and completely f permit. Then please remoperarbon on, or removol, ond in ong event, with		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED s, no, or unknown) (If yes give wor	FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT	A	ddress		1
requires that the deoth certificote be executed within 24 hours after death a physicion. I signed by the attending physician and completely filled in by the funerol buriol-tronsit permit. Then please remoperation papers. Pages I and buriol, cremotion, or removol, and in only event, within 72 hours after death.			18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (o)	CORUNARY					INTERVAL BE ONSET AND	TWEEN DEATH
w ding een the			Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	(b) \(\sum_{\chi} \) DUE TO (c)	PISE AS	E C.	ARD10-1	PASCULA	R	11 46	TIRS
The at	2	CATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH BUT NOT RE	LATED TO THE TERM	MINAL DISEASE CONDI	ITION GIVEN IN PART 1(0)		19. WAS AUT PERFORM YES	OPSY MED? NO
		L CERTIFICATION	200. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CI CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH NER)	20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter no	oture of injury in Po	rt I or Port II of item 18.			
Of Lega		MEDICAL	20c. TIME OF INJURY Month, Do Hour o.m. p.m.	19	20d. INJURY OCCURRED While Not While at work	foctory, stree	JURY (Home, form, et, office bldg., etc.)	20f. (City or town			(Stote)
ZP PP			saw the deceased aliv	this hospital)	attended the deceased	from APR and that deat	13, 19 h occurred at 6	56, ta MAY 45 A M, from caus	es ond on the	date state	we) las d abave
TAL OR ATTE noy be retaine AL DIRECTOR, poge 3 shoul e filed with th			22c. PHYSICIAN'S	11	Sull	M.D. PH	223QUUA bo	IED. STAFF IRECTOR PHYS.	22b. DAT	9/67	
FOGE 4 moy be represented to Foge 4 moy be represented to Foge 3 director, page 3 should be filed w	1	22.0	NAME (Type) JOSE	PH /V	1 CELI, M.	D. 10	28 S. TA	YLOR AVE	- 2	X, MI 2122	1
TO HOSPIT Poge 4 m TO FUNERA director, I	00)	BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	5/22/	Fouler ADDRESS	Porh		23d. LOCATION (City of Balta) By REGISTRAR 25b.	REGISTRAR'S SIG	d-	Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06300

FUR STATE		0023.0	MEDICAL LAAMINER S	CERTIFICATE OF DEATH	CUBSS
EALTH DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived,	
0 0 0		Baltimore	MARYLAND	o. STATE Maryland	b. COUNTY Baltimore
		o. CITY OR TOWN (If outside corporate lin		c. CITY OR TOWN (If outside corporate limits,	The Columbia State of
ath. It any delay ages 1, 2, and 3 th farm PM3. Pa		write RURAL and give nearest town)		_	12.1
Pp Pp		I. NAME OF HOSPITAL OR INSTITUTION (II	Finat in hospital give street address)	d. STREET ADDRESS	I e IS RESIDENCE
D = -					ON A FARM?
fa ate		On Way to St. J		1640 Thetfor	
		NAME OF DECEASED	First Middle	Lost 4. DATE OF	Month Doy Year
\$ 6 ° 6 ° 6		Type or print) . Jame	s (oleman c	Shipley, 3/2. DEATH	5 23 19 67
of Give de With the	S.	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGF (In loss bir	
e d e d 2 w 2 w		MW	WIDOWED DIVORCED	12/23/21 45	yrs.
t haurs Item 1 Office Tand 2 er death		USUAL OCCUPATION (Give kind of work do		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
s o s o s o s o s o s		ng most of working life, even if retired)	Bendix Radio Cory	o. Baltimore, Marylan	d COUNTRY?
n Z iii iii ii i		FATHER'S NAME	in a second residual contraction of the second resi	14. MOTHER'S MAIDEN NAME	
ed within 24 haurs in pencil in Item 18 Il Examiner's Office I. File pages 1 and 2 v 72 hours after death		John William S	hibler Sv.	Margaret Francis G	ilbert
Exc Exc 2 h	15.	WAS DECEASED EVER IN U.S. ARMED FORCE		INFORMANT	Address
g": cal		s, no, or unknown) (If yes give war or dot	es of service) 220207-5652	Family Records	
ld be executed rd "pending" i Chief Medical transit permit.	-	18. CAUSE OF DEATH (Enter only one		anorg rearis	INTERVAL RETWEEN
e e e e sif M		PART I. DEATH WAS CAUSED BY:	11.00000	nA Malus	ONSE AND DEATH
should be e ne ward "per to the Chief I burial-transit n any event v		IMMEDIATE CAL		70001031	en some
the Cl		Conditions, if ony, which gove)	DUE TO		
to t		rise to immediate cause (a)	(b)		
0) = -		storing the underlying couse	DUE TO		
writing warded warded sed as q al, and		last.	(c)		The sure distance
This certifications of the forwarded be used as a remayal, and	NO	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED?
ate, ate, be the ema	CERTIFICATION				YES NO
tifica Id be uld t	RTIFI	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of ite	m 18.)
		CAUSE OF DEATH.			
= 0 v + m =	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		LACE OF INJURY (Home, form, 20f. (City or	town) (County) (Stote)
ute th yaur yaur Page crema	ME		19 While Not While of work of work	octory, street, office bldg., etc.)	
		21. I certify that I took che	rge of the remains described abave, I	neld an Autopsy , Inspection	Inquiry , and in my apini
rcal E re exect ctar. Pa ned far ECTOR: burial, c		death resulted from: Nat			nined manner
MEDIA lease directe tainer ta bu		1/10/	8 70	CHIEF MFDICAL EXAMINER	
		ACTUAL	Both to Fruit	MD ASSISTANT MEDICAL EXAMINER	24. DATE SIGNE
rry, pleral ceral ceral ceral prior		EXAMINER'S		DEPUTY MFDICAL EXAMINER	5/ //2
DEPUIT ecessary, p ne funeral may be re FUNERAL ealth prior			F. O'DONNELL, M.D	Address (Street, city, town, or county	1) PHM
o DEFUI necessary the funer 5 may be 5 FUNER Health pr	230	BURIAL, CREMATION, 23b. DATE		R CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 c t v 5 t		REMOVAL (Spenify) May 2	26. 1967 Baltimore N	ational emetery Bal	timore. Maruland
un arresto p	24	EUNEBAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 10	956. REGISTERS SIGN SUBE UNDER
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06411 06400 CERTIFICATE OF DEATH

				- O. D			00	XUD		1
. PLACE OF DEATH				2. USUAL RESIDENCE	(Where dece	eased lived, if institu	tian: Reside	nce befor	e odmissio	on)
a. COUNTY	altimore		MARYLAND	a. STATE Mar	vland	b. COU	NTY Pri	nce	Geor	ge!
h CITY OR TOWN	(If outside comarate limit	rs.	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	-	arate limits, write RU	RAL ond gi	ve negres	t town)	8-
write RURAL a	nd give nearest tawn)		2yr9mth 21dy	,		. Marylan			1.0	
	PITAL OR INSTITUTION (If n	at in basnital		d. STREET ADDRESS	asam	, Hary Lan	· Cc	-	e. IS RESID	DENCE
					4- 01	mank			ON A F	ARM?_
	PROVE STATE			6707 Ea						NO [
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE		th	Day		
(Type or print)	Pear		_5	Shumate	DEAT		I ig illiper	8		67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Months	Ooys	Hours	Min.
Female	White	WIDOWED	DIVORCED	Aug. 7, 19	000	66 yrs.				
	ON (Give kind of work done		ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Caun	ty & State, ar	fareign country)	12. 0	ITIZEN O	WHAT	
during mast af working Housewi	ig life, even if refired)	יוו	ואונטטואז	Virgini	a		t	OUNTRY	1.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		173		ho .		
Isaac H	Brown			Rebecca	Caff	ee				
	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	INFORMANT		Addr	ess	-		
(Yes, no, ar unknown) (If yes give war ar dates	of service)	79-03-0349D	Records: SF	DITIE	CROVE STA	TE HO	SPTI	PAT.	
Tab caller or	DEATH /F-A			necords. or	ILLIAG	GIOVE SIA	TI III		ERVAL BET	DAZENI
PART I. DE	DEATH (Enter anly one ca ATH WAS CAUSED BY:	MITO	eardial Infa	aretion					SET AND D	
420	IMMEDIATE CAUSE	(0)	MINITAL THE	AT O OT CAT				ac	uc o	
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rise to immedi	nta cousa (n)	(-/	TTOSCIOLOG.	re estatov	ascu	tar near	דת סי	3	yrs	
stating the unc		TO								
last.			erioscle ros				16	13	yrs	
PART II. OTHER			TO DEATH BUT NOT RELATED TO				054		WAS AUTO PERFORM	
Decubi	tus Ulcer	s, Sac	rum and ri	tht heel,	Inf.	with P.	Aeru	igin	ES 🗌	NO [
	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DI	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar I	Part II of item 1B.)	1-11			
	FY MEDICAL EXAMINER)					160	15			/C1 1 1
Haur (NJURY Month, Doy, Year o.m. p.m. 19	While	Not While f	LACE OF INJURY (Hame, fa actary, street, affice bldg., et		. (City or tawn)	(0	ounty)		(State)
21. I cer	tify that (X) (this ha	spital) atten	ded the deceased fram,	July 17	1964	to May 8	, 19	67, tl	hat (I) (we) lo
saw the	deceased alive an_	May 8	19.67, and th	nat death accurred o			and an	the da	te stated	d aba
22a. SIGNATUR		THIN	um MAO	M.O. PHYS.	MED. DIRECTOR	STAFF PHYS.		DATE SIGI		
22c. PHYSICIAN	I'S	1 per		22d. ADDRESS	Sprin	g Grove S	State	Hos	oital	
NAME (Typ	e) Anthony	J. You	ng, M.D.	Baltimo	ore. N		21228			
230. BURIAL GREMA			T 23c. NAME OF CEMETERY C			LOCATION (City or To	own)	(County	()	Stote)
REMOVAL (Speci	(TY) Q 3-12	1010	0,0-	To MAX	0 1	- V 14	110	1.6	7	
24 BONERAL DIRECT		-1761	ADDRESS	2So RF	C'D BY REGI	STRAR 25h R	EGISTRAR'S	SIGNATU	RE	
TILLIT	1/11/10	1 ,1-	1 1× 051		MAY 1	0.4007				
11/1///	11VA1 1 KI	-//.	. // /	DATE !	A CANADA	77 70.36	09/1-		0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06401

7:-2		06412		CERTIFICATE	OF DEATH	06	401
funeral		PLACE OF DEATH O. COUNTY LTO		MARYLAND	O. STATE MO.	leceosed lived, if institution: Res b. COUNTY	BASTOI
Pages		b. CITY OR TOWN (If outside co	st 19mg) will		BALTU	orporote limits, write RURAL ond	30.4
ely fifted in papers.	55	d. NAME OF HOSPITAL OR INSTI	TUTION (If not in hospital, give stre	et oddress) TAL	d. STREET ADDRESS 5417 CRI	S MER! AU	enue e. is residence on a farm? YES NO
cardan cardan ent, wir		NAME OF DECEASED (Type or print)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Middle 5		ATH 5—	Doy Year /— 1967
ve eve		S. SEX 6. COLOR	C/ WIDOWED	DIVORCED	9-11-89	lost birthdoy) Mont	
	d	0o. USUAL OCCUPATION (Give kind of uring most of working life, even if re HOUSEWIFE	etired) INDUSTRY	DME	11. BIRTHPLACE (County & Stote	or foreign country) 12	COUNTRY? USA
g physi Then pl moval,			KANNANABARARAKA	KIRSON	14. MOTHER'S MAIDEN NAME BESSIE	Ipra	lsohn
the attending physician sit permit. Then please nation, or removal, and i		(Yes, no, or unknown) (If yes give	wor or dates of service)	MC	PERRY,	ESQ., EQUITA	BLE BLOG.
signed by the atter burial-transit perm burial, cremation, o		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	only one couse per line for (o), (b), SED BY: DIATE CAUSE (o)	RALIZE	D ARTERO	SCLEROSIV	ON 8 77
gned b urial-tro		Conditions, if ony, which governse to immediate couse (a)					
has been si se as the bu		stoting the underlying couse last.	(c)				
	2 ATION	PART II. OTHER SIGNIFICANT OF PA	ONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED? YES NO
ertificaned for t. of He	S CEPTIFICATION		DEATH	HOW INJURY OCCURRED. (I	nter noture of injury in Port I o	or Port II of item 18.)	
FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far should be filed with the State Dept. of Heal	MEDICAL	20c. TIME OF INJURY Month, Hour o.m. p.m.	While N		OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
OR: Afte ould be the Sto		21. 1 certify that (I saw the deceased of) (this haspital) attended th	e deceased fram _19, and that	death accurred at 11:30	ta 3///6/, PM, fram causes and a	19, that (I) (we) last in the date stated above.
DIRECTOR: ge 3 shoul iled with th			an reidle /	May M.D.	ATTENDING MED. PHYS. DIRECT	STAFF -	DATE SIGNED 67
or, pag d be fil	1		THAN NEE.			HTS AVENUE	
director, pa		REMOVAL (Specify)		NAME OF CEMETERY OR C		d. LOCATION (City or Town) BALTIMORE, MAF	
VR A15 (4) . 0	3	24. FUNERAL DIRECTOR	BROS. IN C., 60	ADDRESS 10 REIST.,	RD. 250. REC'D BY RE		r's signature rles Judge.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the times director, page 3 should be detached for use as the burial-transit permit. Then please remove canon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0.0319	CERTIFICAL	5 V 5 4 5 A 1 B		U04U6
1.	PLACE OF DEATH	TOUR O PAIN GOV	2. USUAL RESIDENCE (W	here deceased lived, If Institution	n: Residence before admission)
	a. COUNTY		a. STATE	b. COUNTY	
-	Bal+10	MARYLANO	md.	A service of the late of the Dill	DAL and this nearest town
-	 CITY OR TOWN (If outside corporate limit write RURAL and give nearest town) 	ts, c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IT DUTS)	de corporate limits, write RU	KAL and give nearest town)
	Rural	24 Days	Balter.		21.4
	d. NAME OF HOSPITAL OR INSTITUTION (If n		d. STREET ADDRESS		e. IS RESIDENCE
	Y 1 10	11	2002 8. 7	1. 1 1 21	ON A FARM?
-	Tolkeigh HUrsin	y Home		lenstraw /d	
3.	NAME OF FIRST	Middle	Last 4.	DATE Month	Day Year
-	(Type or print) /da		vstein	DEATH May	22 196/
5.		RRIEO NEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In years FUN	OER 1 YEAR IF UNDER 24 HRS.
-	+ White WIO	DOWEO OIVORCED	9-21-1917/1899		hs Oays Hours Min.
10		10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County &		2. CITIZEN OF WHAT
aui	ing most of working life, even if retired)	INDUSTRY	6		COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAJOEN N	ASAF	USa
1 10	- O A		14. NOTHER'S MIANDEN IN	(ME	
	alraham		Vackar	X	
15 (Y	. WAS OECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1	(11) Control of Cares of Service		4mour 5:16a	wedging.	James
-	18. CAUSE OF DEATH [Enter only one cause		711101 01102	raterio	I INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:) por time to: (a), (b), and (c).		0	ONSET AND OEATH
	IMMEDIATE CAUSE (a)	anelmone	() (0)	con	- 3 mo.
	15 38 OUE TO				
	Conditions, if any, which (b)				
	gave rise to immediate (cause (a), stating the OUE TO				
	underlying cause last. (c)				
S	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
FA					PERFORMEO?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING []	20b. DESCRIBE HOW INJURY OCCU	IDDEO (Enter neture of Infor	ou In Dart I or Dart II of Itam	
12	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20B. DESCRIBE HOW INJURY OCCU	JKKEO. (Enter nature of mjur	y in Part I of Part II of Item	110.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
SA		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, bry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m.	While Not While at work	ay, street, onice blug., etc.,		
2			P 10//	1 - 1 - 2 - 2 - 3	9.67, that (1) (we) last
	21. I certify that (I) (this hospital) a		19-/		
	saw the deceased alive on	- 19 6), and that	t death occurred at 30	M, from the causes and o	
	22d. SIGNATURE	P	ATTENOING MEO.	- STAFF	Total Signed
	Jun / le	scuta M.C	D. PHYS. U OIREC	TOR PHYS.	75-61
,	22c. PHYSICIAN'S	FR	22d ADDRESS	11 11011	TC AUT
	1-1/VIIV 2HUIS	EN	16103 171	IN HEIGH	12 1106
238	BURIAL, CREMATION, 23b, DATE THEREC	OF 23c. NAME DE CEMETER	OR CREMATORY 2	3d. LOCATION (City, town or	r county) (State)
	BREMOVAL (Specify)	1 Beth 8	الله الله	Kandollstone	w my
24	. FUNERAL DIRECTOR	ADDRESS	25a. REC'O BY		RAR'S SIGNATURE
5	Schon S. Lewis as	on . Iva Garner	MAY 2	4 1967 gclian	les judge
	Vince of the state of the		OATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06414	CERTIFICATE	OF DEATH	06403
1.	o, COUNTY Baltimore	MARYLAND	a. STATE Md.	b. COUNTY Bath, C. 74
	b. CITY OR TOWN (If outside carparate write RURAL and give necrest tawn)	Unknown	Baltinore	te limits, write RURAL and give nearest tawn)
16	Greater Balt	more Med. Center	3016 Chris	
	NAME OF DECEASED (Type or print) Rose		luerthorne of DEATH	Manth Doy Year 3 24 19 67
	Female Cau		10/10/1876	AGE (In years last birthday) O yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
du	a. USUAL OCCUPATION (Give kind af wark o pring most of working life, even if retired)	ane 10b. KÍND OF BÚSINESS OR INDUSTRY	Concord L	reign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? S.A.
13	William Wi	lson	14. MOTHER'S MAIDEN NAME	0
()	S. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no, or unknown) (If yes give war ar do	les af service) 223-70-6995	Virginia Steve	ens 3016 Christopher An
	1B. CAUSE OF DEATH (Enter only and PART I. DEATH WAS CAUSED BY:	USE (a) C. V. A.		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO *, (b) DUE TO (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIO	IS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVI	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20b. DESCRIBE HOW INJURY OCCURRED.		t II of item 1B.)
MEDICAL	p.m.	19 While Nat While at work fact	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	(City ar town) (Caunty) (State)
		naspital) attended the deceased fram	14 - 14 , 19 67, t t death accurred at 2.454 A	a 5-24, 1967, that (I) (we) last I, fram causes and an the date stated above
	220. SIGNATURE	Man M.I		STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) RAM	K.CHHILLAR	22d. ADDRESS GTR.	ALTIMORE MED. LETTER ALTIMORE, MU.
	Bd. BURIAL, CREMATION, 23b. DAT	7-1967 NELSON CE	METERY 1000	CATION (City or Town) (County) (State)
) 2	Subuk N. Wa	KSON BROMOKE CIFY	MAS DATE	14967 25b. Attracts Charles
	KOBBILL H. WAS	DN '		

TOOLS THE CHARLEST WINDOWS E0130 1 K6 45-76 K7 H-1 K7 5-24 67 Hx Stewler REMARKS GREENWAS NEW CONTRACTOR CONTRACTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 a should be filed with the State Dept. of Health priar to burial, cremation, or removal, and intenty event, within 72 hours after death.	
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VR A15 (4) 25M 1/67

06415

CERTIFICATE OF DEATH

06404

0022											
PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (V	Where dec	eosed lived, if institu				n)
Baltimon	re		MARY	LAND	Maryland		b. COL	"" Bal	timo	re	
	(If outside corporate limits,		LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If ou	itside com	orote limits write RI	IRAL and give	neorest	town)	
write RURAL o	and give nearest town)	35	Hrs.					Actions give	0 /		
Towson	NITAL OR INCITITION (II	2.1			Timonium,	ZIU	1)	6	3.1	IC DECID	NENCE .
	PITAL OR INSTITUTION (If not in f	hospitol, give	street oddress)						0.	ON A FA	
	eph Hospital				16 Northwe	ood 1	r.		YI	ES _	NOX
3. NAME OF DECEASED	First		Middle		Lost	4. DAT	E Mor	ith	Doy	Yeo	ır
(Type or print)	Andr	ew			SKERCHEK	OF DEA	тн Ма	ly	30	9 19	67
S. SEX	6. CDLOR DR RACE 7. A	MARRIED T	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR	IF UNDER	
Male		IDOWED [DIVORCED		12-4-1907		lost hirthdoy) 59 yrs.	Months	Doys	Hours	Min.
10o. USUAL DCCUPATION during most of working	DN (Give kind of work done	10b. KIND	OF BUSINESS DR		11. BIRTHPLACE (County	& Stote, or	r foreign country)		IZEN OF I	WHAT	
Butcher	ig ine, even it retirea)	Owne			New Jer	sev		Ü	S.A		
13. FATHER'S NAME		0.000			14. MOTHER'S MAIDEN	V					
	John Skerchek				Pearl	Her	ila				
15 WAS DECEASED EN	VED IN H C ADMED ENDICES	1 16 504	CIAL SECURITY NO.	1 17 1	NFORMANT		Addi	2000			
	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of serv	rice)		0.77							
Yes	W. W. TWO	145	-09-9452	Nat	alie Skerch	ek,	Same as #	2			93
	DEATH (Enter only one couse pe	r line for (o)), (b), ond (c).)							VAL BET	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute	hemorrha	agic	pancreatit	is.			UNSE	T AND D	EATH
581	DUE TO										199
Conditions, if on	ny, which gove)										
rise to immedia	ote couse (o), (
stoting the und	derlying couse (c)										
PART II OTHER	SIGNIFICANT CONDITIONS CONTRI	IRLITING TO	DEATH BUT NOT BELA	TED ID 1	HE TERMINAL DISEASE COL	NDITION G	IVEN IN PART 1(a)		119 V	WAS AUTO)PSY
6	pulmonary edem		DEATH BOT NOT KEEP	(10 10 1	THE TERMINAL DISEASE COT	NOTITION O	TYEN IN TAKE I(O)		P	ERFORM	ED?
200 ACCIDENT W	AS UNDERLYING	-	IBE HOW INJURY OF	CURRED	Enter noture of injury in	Port Lor	Port II of item 18.)		7.00	LAJ	
OR CONTRIBUTIN	IG CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESC	NOC TO THOOK FOC	CONNED.	cines notate of impry in	1011101	1011 11 01 110111 10.,				
3 20c TIME OF IN	IJURY Month, Doy, Yeor	20d INIII	RY OCCURRED	20e PI &	E OF INJURY (Home, form	n. 201	f. (City or town)	(Co)	inty)	- 1	Stote)
Hour'd	p.m. 19	While of work	Not While of work		ory, street, office bldg., etc.)		(4)	1000	1)	,	51010)
21. I cert	tify that 🖎 (this hospital) attended	the deceased f	ram	May 30. 1	9 67	to May	30. 196	7 tha	t 00 (we) las
	deceased alive on M	ay 30	19 <u>67</u> , a	nd that	death accurred at	11:45	M, fram causes	and an th	ne date	stated	abave
220. SIGNATUR	E	0			ATTENDING	MED.	STAFF		ATE SIGNED		
	/XI	welg	9	M.D	PHYS.	DIRECTOR	PHYS.	May	31,	196	7
22c. PHYSICIAN NAME (Typ		juela-	-Gomez, M.	.D.	7620 Yorl	k Rd.	, Towson	Md.	2120	4	
230. BURIAL, CREMAT REMOVAL (Speci Buria	fv)		23c. NAME OF CEMET			- 17	LOCATION (City or To		(County)	-	tote)
	7	90/	Clover L	eas	Park		dbridge.	New Je	rsey	1 .	
Wm. Cook	-Brooks Towson	, 1,05	O York Ro	ad ,	250. REC'T		1967	EGISTRAR SI	1	ye	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06416

CEDTIFICATE OF DEATH

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10	V	200	3.7	

COST		CERTIFICATE	OI DEATH		UDS	EU3
1. PLACE OF DEATH				Where deceosed lived, if institut	ion: Residence be	
o. COUNTY	TIMORE	MARYLAND	o. STATE	RYIAND b. COU		LTTMORE
	lf outside corporate limits, d give nearest tawn)	c. LENGTH OF STAY IN 16		itside corporote limits, write RU		
FORT	T HOWARD	4 DAYS	EDGEN	TERE BAT	TIMORE (COLUMBA
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS			e IS RESIDENCE
VETERANS	ADMINISTRATION H	OSPTTAT.	3229 LYNCE	ROAD		ON A FARM? YES NO XX
3. NAME OF	First	Middle	Lost	4. DATE Mon	th I	Doy Year
(Type or print)	JOSEPH	NMI	SMITH	OF MAY		10 19 67
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	
MALE	WHITE WIDOWED	DIVORCED	2/21/96	lost birthdoy)	Months Doy	ys Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work done 10b.	NDUSTRE THE EM	11. BIRTHPLACE (County	8 State or foreign country)	12. CITIZEN COUNT	
IABOF		STEET, CO.	EDGEMERE	BALTO. COUNTY	U	. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
FRANK	STACHOWSKI		CATHERIN	E TOMCZEWSKI		
	R IN U.S. ARMED FORCES? 16. (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addr	ess	
YES	WW I	13 09 15 41 CI	INICAL RECO	RDS VAH FORT	HOWARD.	MARYLAND
	EATH (Enter only one couse per line fo					INTERVAL BETWEEN
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0) PNE	UMONTA			I	ONSET AND DEATH
163X						
rise to immediat	e couse (o)	CINOMA OF THE I	UNG, RIGHT,	WITH METASTA	SIS	JNKNOWN
stoting the unde						
last.) (c)					
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(o)		19 WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS						YES NO
20o. ACCIDENT WAS CONTRIBUTING	S UNDERLYING \(\square\) 20b. D \(\square\) CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 18.)		
	MEDICAL EXAMINER)					
20c. TIME OF INJU	n. While		CE OF INJURY (Home, form ory, street, office bldg., etc.)	n, 20f. (City or town)	(County)	(Stote)
p.r	n. 19 at wo	rk U of work U	-7.2.7			
	fy that (1) (this haspital) atter	ided the deceased fram	5/6/	967, 105/10		that (I) (we) last
220. SIGNATURE	eceased alive on 5/10	19_67, and that	death accurred at	M, from causes	22b. DATE S	
220. SIGNATURE	Darmelita A. a	0.1	ATTENDING PHYS	MED. STAFF		-
22c. PHYSICIAN'S		lendon M.C	D. PHYS. 22d. ADDRESS	DIRECTOR LI PHYS. L	5-10)-0/
NAME (Type)		ENDANA, M.D.	VAH. FOR	T HOWARD, MAI	RYLAND	
23o. BURIAL, CREMATIC	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To		inty) (Stote)
REMOVAL (Specify BURLAL		HOLY ROSARY C		BALTIMORE C	,	MARYLAND
24. FUNERAL DIRECTO		ADDRESS	25g REC'T		GISTRAR'S SIGNA	
John J. D		Duda Funeral	Home MAY	15 1967 /	carles &	udge
	10 (0)	1922 Wise AT	/e DAIL			

BALTIMORE

22, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove arboin papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

06406

	PLACE OF DEATH a. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE o. STATE Mar				ce before odn	nission)
	b. CITY OR TOWN write RURAL or	(If outside carparate limit	s,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If		orate limits, write RL	JRAL and give	nearest tow	n)
	Cat	onsville				Baltimo	re		3	0-4	
		TAL OR INSTITUTION (If no				d. STREET ADDRESS					RESIDENCE A FARM?
	Paradi.	se Nursin	g Home	2		6205 Ma	riet	ta Ave.		YES	□ NO K
	3. NAME OF DECEASED		rst	Middle		Last	4. DATI		oth	Doy	Year
	(Type or print)	LILLIAN		E.		SMITH	DEA				1967
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months	Days Ho	NDER 24 HRS.
	Female	White	WIDOWED	DIVORCED		3/6/83		84 yrs.			
	100. USUAL OCCUPATIO	N (Give kind of wark dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cour	nty & Stote, or	fareign country)		IZEN OF WHA	AT
9	during most of working	sewife		Home		Maryla	nd			U.	S.A.
1	13. FATHER'S NAME		13/5/4	1 40 3 71 120	144	14. MOTHER'S MAIDE			LI - I	No.	
	Jac	ob Nelson				Ida Lu	kun				
	IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	'ess		18-33
	NO	(If yes give war ar dates o	11 ZelAice)		Ne	lson E.	Smith	n-6205 N	Marie	tta A	ve.
	PART I. DEA		(a) (·	(o), (b), and (c).) There / Chronic	72	J Arta	rios ndro	cleros	15		BETWEEN ND DEATH
	rise to immedia stating the undia last.	erlying couse	TO (c)	Decubi	fi	Muldip	1/8			36	conths
2	PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE (CONDITION G	IVEN IN PART 1(a)		19. WAS PERF YES	AUTOPSY ORMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC		(Enter noture of injury i		Part II of item 1B.)			
7	Hour a	JURY Month, Day, Year .m. 19	20d. IN While at wark	JURY OCCURRED Not While at wark	20e. PLA	CE OF INJURY (Home, for ary, street, office bldg, e	orm, 20f tc.)	. (City or tawn)	Col	onty)	(Stote)
		ify that (I) (this has	pital) atten				19	, to	(19	,	I) (we) last
		deceased alive on_	25/10	16-17-10	ana ina	t death accurred	1/0/	_M, fram gauses		ATE SIGNED	area above
	22a. SIGNATURE	11811	2014	rath	M.I		MED. DIRECTOR	STAFF PHYS.	720. 0	5/17	167
/	22c. PHYSICIAN' NAME (Type		ne Gr	eth M	a,	27d ADDRESS 1303 F	rede	rick Rd.	(2	112 3	8)'
	230. BURIAL, CREMATI		EREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d.	LOCATION (City or T	own)	(County)	(Stote)
0	REMOVAL (Specific Burla	1 5/19/	67	Moreland	d Me	morial P	k B	altimore	. Ma	rylan	d
	24. FUNERAL DIRECT	C. Altenb	urg -	6009 Hai	rfor	d Rd 250. RE	C'D BY REGI	STRAR 25b. R	EGISTRAR'S S	IGNATURE	egt.
1	Funeral	Home In	C			DATE	INI	U IUUI			V

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely freed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbos, pages. Pages 1 and 3 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06418

CERTIFICATE OF DEATH

06407

//						
		PLACE OF DEATH O. COUNTY			eased lived, if institution: Residen	ce before admission)
		5. COUNT BALTO	MARYLAND	a. STATE ML	b. COUNTY	TO !
	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 1b	CITY OR TOWN (If outside corpo	prote limits, write RURAL and give	e nearest town)
	6	ATONSI/LLE	(LATONSVI	126 0	13./
	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	et address) d.	. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0	//	16 WOODLANN AU	15 /	16 WOOD.	LAWN AV	YES NO
	I	NAME OF DIFFIRST	Middle	Lost 4. DATE OF	1-12	Day Year
•		(Type or print)	70165	DEATH DEATH		19 G
	S. S			DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Manths	Days Haurs Min.
	100	WIDOWED WIDOWED		3/25/08	5 G yrs. 12 CI	TIZEN OF MAIAT
	duri	. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired) 10b. KIND OF B INDUSTRY		11. BIRTHPLACE (County & State, or f		TIZEN OF WHAT DUNTRY?
	12	FATHER'S NAME	114	4. MOTHER'S MAIDEN NAME	K	
1	13.	HARRY BOLTON	14.		- Mr. price	/
	15		SECURITY NO. 17. INFO	LORENCE	ML MUL	LEN
		is, na, ar unknawn) (If yes give war ar dates af service)	SECOKITI NO.	KMANI - C	Address	/
		Line Caller of DEATH (Cobe calle on caller on line (a) (b)	\$501	RGG CI	MULLEN	I INTERVAL BETWEEN
		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), PART I. DEATH WAS CAUSED BY:	, and (c).)	· - Mad		ONSET AND DEATH
		IMMEDIATE CAUSE (a) DUE TO	12111721 6116	Je 2 -164	ULAN HC	1/ 10.
		Conditions, if ony, which gave) (b)	A B10	ant		Months.
		rise to immediate couse (o),				
		stating the underlying cause (c)	· V			
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE 1	TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a)	19 WAS AUTOPSY
3	CERTIFICATION					PERFORMED?
	IIFIC		HOW INJURY OCCURRED. (Ente	er nature of injury in Part I ar Po	art II of item 18.)	
	CERT	OR CONTRIBUTING Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY O		OF INJURY (Hame, farm, 20f.	. (City or tawn) (Cou	unty) (State)
	MEE	Haur a.m. While N	Nat While at work factory, s	street, affice bldg., etc.)		
		21. I certify that (I) (this haspital) attended the	ne deceased fram/	12/27/,1960	to 5/28/ 196	that (I) (we) last
		saw the deceased alive on 5/23/	_19 <u>67</u> , and that de	eath occurred at 23°P.	M, fram causes and on th	ne date stated obave.
		22a. SIGNATURE		ATTENDING MED.	STAFF 22b. DA	ATE SIGNED/
		Inan Honning the		PHYS. DIRECTOR		129/1901
1		22c. PHYSICIAN'S ADNAN SONMEZ		22d. ADDRESS 1011 Frederick	Road Balt.	MJ. 21228
	23a.		NAME OF CEMETERY OR CREM	MATORY , 23d.	LOCATION (City or Town)	(County) (State)
	PA	REMOVAL (Specify)	LOUDON 1	PARK .	BALTO Md	/
		FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGIS		
	1	15 MAINABIR 3017	CUCKICK!	DATE JUN 1	1967 Milian	les judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corron papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exact. within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OF 413

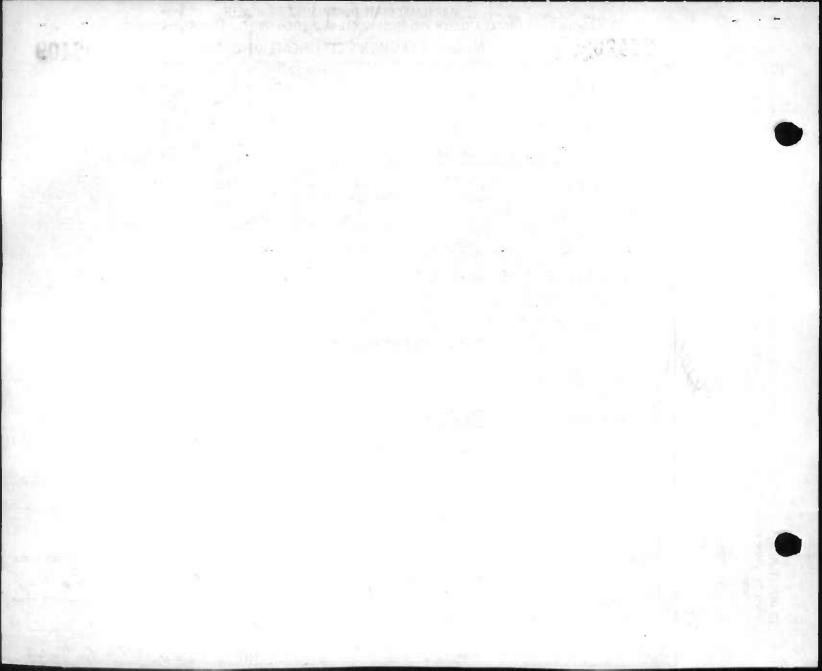
CERTIFICATE OF DEATH

06408

(/V1.1.		00319	CENTIFICATI	OF DEATH	
death death	1.	PLACE OF DEATH a. COUNTY	maryland	2. USUAL RESIDENCE (Where deceosed lived, a. STATE)	if institution: Residence before admission) b. COUNTY
low requires that the death certificate be executed within 24 haurs after nating physician. been signed by the attending physicion and completely filled in by the further burial-transit permit. Then please remove torbardpapers. Pages I is the burial, cremation, or removal, and in any event, within 72 hours after		b. CITY OR TOWN (If outside corporate limits, write BURAL and pive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give neorest town)
by by .		180Hmow	11 days	L CYPTEY ADDRESS	1 3 /
illed in papers.		d. NAME OF HOSPITAL OR INSTITUTION (If nat in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\square\)
within 2	3.	NAME OF Firsty	Middle	Lost 4. DATE	Month Doy Year
or etely with	_	DECEASED (Type ar print)	1. 0	Snyder DEATH /	Dey 11, 1967
comp ove y eve	S.	_ / / / /	MARRIED DEVER MARRIED	B. DATE OF BIRTH 9. AGE (Ir	
ond com remove n ony ev	1	11 LOUIN C	VIDOWED DIVORCED DIVORCED	814180 86	yrs. 12. CITIZEN OF WHAT
ate be execute icion ond comp lease remove ond in ony eve		. USUAL OCCUPATION (Give kind of work done ing mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign coun	COUNTRY?
ertificate b physicion nen please iovol, ond i	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1/.
certi ng ph Then move		Jeikel, Louis		Sord Miles	ins
that the death certifican. by the attending physitronsit permit. Then piccemation, or removal,	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af sen	vice) 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
he deoth attendii permit. ion, or re	1	ID CALLES OF DEATH /F-t	None	grey sigour	NIERVAL BETWEEN
the the sit is		CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	er line far (a), (b), and (c).)		ONSET AND DEATH
that t ian. by the tronsit cremat		157X IMMEDIATE CAUSE (a) _	and of the		Office Annual Company
equires the physician. signed by buriol-tros buriol, cre		Canditions, if any, which gave) (b)			
requestion of pure of		rise to immediate couse (o), Stating the underlying couse			
e low r tending as been os the prior to		last. (c)_			
pr o pr	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PEKTOKMED!
AN: The old or of or of or of or of or of or	S	OD. ACCIDENT WAS UNDERLYING TO	TOOL DESCRIPT HOW INHIPN OCCUPED	(Enter noture of injury in Port 1 or Port II of ite	YES NO
of the second	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	tenter nature of injury in Port 1 of Port 11 of the	m 16.)
PHYS ne hos his ce etache Dept.	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Hour a.m.		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	town) (County) (Stote)
by the Affer the be de Stote	2	p.m. 19	at work at work	1060	10 (5: 4) -4 (1) (- 1)
R: /		21. I certify that (I) (this haspita saw the deceased alive an		at death accurred at 945, M, fram	causes and on the date stated abov
R ATT retoii RECTO 3 sho with		22a. SIGNATURE	1	ATTENDING MED. SI	AFF 22b. DATE SIGNED
o e = o o		The DIRECTANGE OF THE PROPERTY	A M	D. PHYS. DIRECTOR PI	14s. 101 5 -11-61
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRI director, page 3 should be filed v		22c. PHYSICIAN'S NAME (Type)	Lac	B.C y X/	repetal
Page 4 Page 4 D FUNE directo	230	BURIAL, CREMATION, 23b. DATE THEREO			City or Town) (County) (State)
5 5 5 5 V		REMOVAL (Specify) 5/13/67	Mt. Olive Ce		1stown, Md. 21133
VR A15 (4) 1		FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
20 M 1/66	1	oring Byers-\$728 Libe	rty ka. kandallsto	wa, Md DATMAY 1 5 1967	Icharles Judge

PART OF EACH OF THE PROPERTY O Petto Carte Concerted to the College Lestory C loring byerses [28] Liberty Wid, Bundellebon, Md. Will I . Will Williams

tions 13, 14/68, 8407 MARYLAND STATE DEPARTMENT OF HEALTH Items 13, 14/68, 8407 MARYLAND STATE DEPARTMENT OF HEALTH Tomas 13, 14/68, 8407 MARYLAND STATE DEPARTMENT OF HEALTH				
FOR S	TATE		06420 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06409
HEALTH ⊕	PEPT		PLACE OF DEATH D. COUNTY BATTIELORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. STATE MD b. COUNTY BATTIELORE MARYLAND	e befare odmission)
y delay is and 3 ta PM3. Page	ter ded		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) B. F. T. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	nearest tawn)
- 64	hours after d		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) U13 57, A2132N 3 27 L013 57, A2132N RD	e. IS RESIDENCE ON A FARM? YES NO
after death. I 3. Give Pages alang with far	in 72	-	NAME OF DECEASED (Type or print) THOMOS WATER SOMMER OF DEATH MAY	27 Year 1967
0 00 0	12 with	S.	M WIDOWED DIVORCED OCT. 23, 1881 Just birthday) Manths	Days Haurs Min.
24 hours in Item 18 r's Office	es land2 iny event	duri	ng mast af warking life, even if retired) ONCRETE EINISHER CONCRETE IND. MARYLAND	IZEN OF WHAT
s certificate shauld be executed within 24 s, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's	File pages 1 and in any		J. BATINE SOMMER MAGGIE A, HERR	ST
executed within ending" in pencil Medical Examine			WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates af service) 216-18-0257	
be execute "pending" hief Medical	ansit ar re		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	ONSET AND DEATH
shauld e ward a the C	a burial-transit crematian, ar re		DUE TO Conditians, if ony, which gave rise to immediate cause (a), (b)	
certificate shauld writing the ward irwarded ta the Ch	as a I, cre		stating the underlying cause DUE TO (c)	
	be used as to burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
4= -	our files. ge 3 shauld t agent, prior	AL CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
	your fill age 3 s 1 agent	MEDICAL	Haur a.m. p.m. 19 While Not While of work factory, street, office bldg., etc.)	inty) (Stote)
MEDICAL E	5 may be retained far your TO FUNERAL DIRECTOR: Page Health ar its designated age		21. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner	and in my opinion
Y MED please	I DIRE		ACTUAL SIGNATURE Medical examiner Assistant medical examiner Assistant medical examiner	22. DATE SIGNED
necessary, puthe funeral	O FUNERA Health ar	00	EXAMINER'S NAME (Type) WILLIAM A. PILES BURY DEPUTY MEDICAL EXAMINER Address (Street city, Thus, or toliny) M.S. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	5-27-67 (County) (State)
TO D nece	2 2 2 B	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BHUTIMORE CEMETERY BHUTIMORE, MI. FEMILERAL DIRECTOR 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SI),
VR	A15ME (5) 5M 1/66	1		yles Judge



tem 18 Film 389 6-14-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06421 HEALTH DEPY PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY Baltimore o. STATE Maryland Ballimoredelay is P.M.3. Poge MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pup Baltimore Baltimore e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS forwarded to the Chief Medicol Exominer's Office olong with form Pages St. Joseph's Hospital YES NO a 1419 Limit Avenue 21212 24 hours after death. 3. NAME OF Middle 4 DATE Year Dov DECEASED Give (Type or print) SPICKA DEATH DARCY S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Days in Item 18. Hours May 16.1967 72 hours ofter deoth. WIDOWED emale White 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Maryland None pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within Richard Spicka Janice Hall _= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address executed burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service "pending" within Richard Spicka Same None IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Interstitial/pneumonitis/f/(SDIT)// IMMEDIATE CAUSE (o) word should DUE TO duy Conditions, if ony, which gove Congestive heart failure rise to immediate couse (a). Ξ DUE TO certificate stoting the underlying couse pup Patent ductus arteriosus SD 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, PERFORMED? Interstitial pneumonitis certificate, should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. cremotion. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While DIRECTOR: Page of work of wark L the funeral director. Page 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection -Inquiry and in my apinian Natural causes X Accident [death resulted fram: Suicide [Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER X ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior may be re-SIGNATURE DEPUTY MEDICAL EXAMINER 5-24-67 **EXAMINER'S** Health RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 5-24-67 New Cathedral Baltimore 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE itchell-Wiedefeld Home, Inc. VR A15ME (5) 6M 1/67

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Pages 1 after Jon papers. Pag within 72 hours hours = filled within completely in the carbon payed, within executed remoive any and physician n please ri val, and in = pe certificate removal, attending ph been signed by the atten the burial-transit permit. or to burial, cremation, or death The law requires that the the hospital or attending physician. as th has for use Health p certificate PHYSICIAN: DIRECTOR: After this certing 3 should be detached led with the State Dept. of þ retained pe page Page 4 may HOSPITAL TO FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTA MARYLAND c. CITY OR ADWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? NO N YES NAME OF Middle Last Month Day Year DECEASED (Type or print) DEATH 196 6. COLOR OR RACE DATE OF 7. MARRIEO NEVER MARRIEO ACE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months | Days Hours I WIDOWEO 🔽 DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY FATHER'S NAME MOTHER'S MAIDEN NAME Rena 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes pive war or dates of service) Mrs. Doris Naumann same address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] **INTERVAL BETWEEN** ONSET AND DEATH **OEATH WAS CAUSED BY:** IMMEDIATE CAUSE Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES A NO [20a, ACCIOENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (II' (this hospital) attended the deceased from and that death occurred at 3 M. from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE 22b. OATE SICNED ATTENOING untra M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) JR 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Baltimore National Ceme t. Baltimore. Md. FUNERAL DIRECTOR D BY REGISTRAR 25b.

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3 CERTIFICATE OF DEATH

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PLACE OF DEATH a. COUNTY	Baltimor	e	MARY	'LAND		rylan	ıd	b. COUN	TY	-		n) /
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY I	N Ib	c. CITY OR TOWN (If	outside con	porate limits	, write RUR	AL ond give	neorest	lown)	1
Write KUKAL	owson				Ba	altimo	re	212	06	30.	1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If nat i	n haspital,	give street address)		d. STREET ADDRESS					е	IS RESID	ENCE
	St. Joseph Ho	spita	al		61	.08 Fa	irdel	Aven	ue	YE	S	
3. NAME OF	First		Middle		Last	4. DA1	TE.	Manth		Doy	Yeo	IT
(Type ar print)	Cary	rn.	Α.	St	amm	OF DEA	TH	May		5 th	19	67
S. SEX	-y	. MARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (I	n yeors	IF UNDER 1		F UNDER	24 HRS.
Female	White	WIDOWED	DIVORCED		2-28-67		last b	irthday) yrs.	Manths 2	Days	Hours	Min.
	ON (Give kind af work dane		IND OF BUSINESS OR		11. BIRTHPLACE (Cour	ntv & State, c	or foreign cau		Section 1	IZEN OF V	VHAT	1
during mast af workin	g life, even if retired)		IDUSTRY		1850			- //		UNTRY?		SA
13. FATHER'S NAME	410-				14. MOTHER'S MAIDE	imore	, Md.					
	0 . 0.											
	Conrad Stamm				Jean Amat	0						
Yes on grunknown	/ER IN U.S. ARMED FORCES? (If yes give wor or dates af s	ervice) 16.	SOCIAL SECURITY NO.		NFORMANT			Addres		,		
No	(in positivo troi or datos di s	,,,,,	None	Mr	. Edward (. Sta	amm		(Sa	ame)		
Conditions, if on rise to immedia stoting the und last. PART II. OTHER	ate cause (o),	Bact	teremia	ATED TO T	HE TERMINAL DISEASE (CONDITION	GIVEN IN PA	RT 1(o)		P	/AS AUTO	ED?
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY OF	CCURRED. (Enter nature af injury	in Part I ar	Part II of it	em 18.)		YES		NO EX
된 Hour d	JURY Month, Day, Year i.m.	20d. I While at war	NJURY OCCURRED Nat While at wark		E OF INJURY (Home, for ary, street, affice bldg., e		of. (City o	r town)	(Cou	unty)	(State)
21. I cer	tify that N (this haspi deceased alive an_Ma	tol) atten	ded the deceased	from and that	April 5 th	, 19 <u>67</u> ot 5:1 0	to Ma	y 5 th	, 19_ ond on tl	67, tha he date	t (1) (we) la l abov
22o. SIGNATUR	m. (Aas	ng	J.M	1 111-01	MED. DIRECTO	IR D S	TAFF PHYS.		ATE SIGNE		,
22c. PHYSICIAN NAME (Typ		hang,	M.D.		22d. ADDRESS 7620 Yo	rk Rd	., To	wson,	Md.	2120	4	
23a. BURIAL, CREMAT	10N, 23b. DATE THERE 5/6/6	of .	Gardens of			23d	LOCATION	(City or Tay	en Mo	(County)	(S	tate)
24. FUNERAL DIRECT	J. Ruck, Inc.	Balt	o. Md. 212	14		EC'D BY REG	10	2Sb. REC	ISTRAR'S S	IGNATURE	ludy	M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 begs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06424

CERTIFICATE OF DEATH

06413

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Resid	out to first administral
a. COUNTILLO MARYLAND	o. STATE Maryland b. COUNBalt	
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Baltimore C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL ond g	ive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Shady Nook Nursing Home 1002 N. Relling	d STREET ADDRESS Rd. 512 Charring Cross	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Margaret	Staup 4. DATE OF DEATH May 3,	Day Year 19 67
S. SEX Female 6. COLOR OR RACE Cauc. 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Nov. 5, 1902 9. AGE (In years lost, birthday) Amonths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during mass theorem if setired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Balto. Co.	COUNTRY U.S.A.
13. FATHER'S NAME late- James C. Ball	14. MOTHER'S MAIDEN NAME 1ate- Margaret A.	
(Yes no gruphnown) (If we give war ar dates of service)	informant Address iss Mary A. Ball 512 Charin	g Cross Rd.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oris	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave is a immediate cause (a).	of the brost	20 mouth
stating the underlying cause DUE TO (c)		1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
GR CONTRIBUTING CLAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item IB.)	
	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	County) (State)
21. I certify that (1) (this haspital) attended the deceased from saw the degeased alive an Page 12 30 19 67, and that	t death accurred at 515 M, from causes and an	67, that (I) (we) lathe date stated abave
220. SIGNATURE Martint Susgerned MI	D. PHYS. DIRECTOR PHYS.	DATE SIGNED 5467
22c. PHYSICIAN'S NAME (Type) Dr. Martin L. Singewald	22d. ADDRESS 11 E. Chase St.	
23d. BURIAL (REMATION, PREMOVAL (Specify) 23b. Date thereof 23c. Name of CEMETERY OR New Cathedr	al Baltimore Maryl	(Caunty) (State)
24. FUNERAL DIRECTOR ADDRESS Witzke Funeral Director Ave	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fun director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs affers. Page 4 may be retained by the haspital ar attending physician.

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		. D. W. GORDAN	PA 1017	il Deen	0.6374

FOR STATE HEALTH DEPT.

TO DEPUTY MED. EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute, a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within

5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH a. COUNTY Baltim	nore			MARYLAND	2. USUAL a. STA	RESIDENCI TE Ma	e (Where o		b. COUP	ititution:	Residence 1tim	before ad	mission)
	b. CITY OR TOWN Write RURAL Sparrows	N (If outside of and give near Point	orporate IIr est town)	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR	TOWN (If o	utside co ltimo		limits, wr		L and giv	a nearas	t town)
		spensa		not in ho	spital, give street address)	d. STREET		8 Woo	dlyr	Road	1		DN A F	DENCE ARM?
3.	NAME OF DECEASED (Type or print)	Ra	aymond		Middle	STEELEY	7	4. DATE OF DEAT	E TH	Month 5	h	Pay	Yea	
	Male	6. COLOR OR Whi	te w	MARRIED		8. DATE OF 5-11-			9. AGE last	(In yaars birthday) yrs.	IF UNDE	Days	Hours	24 HRS. Min.
dur	Ing most of working Steel	ng lifa, even l orker	of work done f ratired)	10b. Ki	ND OF BUSINESS DR IDUSTRY Making		HPLACE (St		algn cou	intry)	0	OUNTRY		
13.	FATHER'S NAME			111		14. MOTH	ER'S MAIDE	N NAME						
	RAYME	OND	STE	ELE	4	JI	-NN	IE	H	ORM				
	. WAS DECEASED E				SOCIAL SECURITY ND. 17.	INFORMANT				Addre	\$5	1121		
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				use per II	ne for (a), (b), and (c).]								RVAL BET	
	PART I. DE	ATH WAS CAU	SED BY: CAUSE (a)		Coronary Oc	clusion	1					UNS	ET AND D	LAIH
	4201		DUE TO											
В	Conditions, If a		(b)_									100		
	gave risa to		DUE TO									771		
	causa (a), sta underlying cause		(c)_											
NO	PART II. OTHER S	IGNIFICANTO		ONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE T	ERMINAL DI	SEASE CO	NDITION	GIVENIN	PART 1(a)	19.	WAS AU	TDPSY
CATI			V	0								YE	PERFORI	NO E
CERTIF	20a. EXTERNAL PRIMARY OF CAUSE OF DEATH	. CAUSE WAS CDNTRIBUTING H.		200. 0	ESCRIBE HOW INJURY OCC	URRED. (Enter E	natura of	injury in	Part I o	r Part II o	f Item 1	B.)		
MEDICAL CERTIFICATION	20c. TIME OF II Hour a.m p.m	١.	, Day, Year	20d. If While at work	Not While fact	ACE DF INJURY bry, street, offi	Y (Home, far ica bldg., at	m, 20f.	(City o	or town)	(Co	unty)	(S	tate)
	21. I certify	that I took	charge of	the rem	ains described above, he	ld an Autop	sy 🔲,	Inspect	ion 🔼	, Inqu	iry 🔼	and	In my c	pinion
	death resulte	ed from: N	latural cau	ses X	, Accident, Su	icide,	Homicid	e 🔲,	Unde	termined	manner			
	12279	m	30			CHIE	F MEDICAL	EXAMINE	R 🗌					
	SIGNATURE	101	S	W	W	IVI, L/.	STANT MED					4	DATE S	
	EXAMINER'S NAME (Type) M	elvin E	B. Dav	is, M	I.D. 68	OO MOTTI	ITY MEDICA Ling tol ess (Street,	n iloa city, tow	in, or co	unda]	k, M	d. 2	1222) (
238	REMOVAL (Spe	clfx)	DATE THER	EOF (67	23c. NAME OF CEMETER	Y OR CREMAT	ORY	23d. B	alt	N (City, to	own or co	ounty)	(Sta	ata)
24	. FUNERAL DIREC	CTOR	2 0		ADDRESS		25a. REC	D BY REG	SISTRAR	25b. R	EGISTRAF	S'S SIGN	ATURE	
	J. S. C.	mell	ly Son	<u>s</u>	300 mu	re	DATEMA	Y 23	196	7 8	Clear	Eas S	mos	
	V	6	7							0		U	0	

VR ALSME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2

	06425	CERTIFICATE		EI, BALIIMORE, MARTEA	06415				
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V	there deceosed lived, if institution b. COUNT					
	b. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town) Owings Mills	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Baltimore						
18	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g Rosewood State Hospi		d. STREET ADDRESS 915	e. IS RESIDENCE ON A FARM? YES NO St					
	3. NAME OF First DECEASED (Type or print) Suzanne	Middle Paulette	lost STEIN	4. DATE Month OF DEATH 5	Doy Year 21 19 67				
	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 🔀 B	1-24-63	9. AGE (In years lost pirthdoy)	Months Doys Hours Min.				
	during most of working life, even if retired) Dependent	ND OF BUSINESS OR DUSTRY none	Baltimor	& Stote, or foreign country) e, Maryland	12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME Harry John Stein 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) no		Eleanor M						
The State of the latest	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	nocephaly	Congen	ital	INTER AL ETWEEN				
/	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 100 While	TO DEATH BUT NOT RELATED 10/T SCRIBE HOW INJURY OCCURRED. (19. WAS AUTOPSY PERFORMED? YES NO				
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 of work	Not While focto	E OF INJURY (Home, form ory, street, office bldg., etc.)	, 20f. (City or town)	(County) (Stote)				
/	21. I certify that Ut (this hespital attended as the deceased alive on Mary 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ded the deceased fram	ATTENDING -	MED. DIRECTOR PHYS	1, 1967, that My (we) los nd an the dote stated above 22b. DATE SIGNED Los petal				
	230. BURIAL, CREMATION, REMOVAL (Specify) 5-22-07	23C. NAME OF CEMETERY OR CO. HOLY ROSAR ADDRESS	AVE DATE	BALTO, CORNERS OF TOWN BALTO, CORNERS OF THE STREET OF THE	Co. Mp.				

BALT

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fifledtin by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 22 hours after deathealth.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06	428			CERTIFICA	TE OF	DEATH			06	411	5	
o. COUNTY	DEATH	altimore		MARYLAND	0.	UAL RESIDENCE (V STATE Md		eosed lived, if instit b. CO	tution: Reside			on)
write F	URAL and giv	tside corporate limits e nearest town)		c. LENGTH OF STAY IN 16 25 yrs.	c. CIT	Y OR TOWN (If ou Luthe	tside corp	orate limits, write f lle	RURAL ond give	ve neorest	town)	
d. NAME (Filospilat of 124 Gr	eenridge	t in hospitol, Rd.	give street address)	d. ST	REET ADDRESS 124 Gre	eenri	idge Rd.			ON A FA	DENCE ARM? NO #
3. NAME OF DECEASED)	Carl Fir	st	A. Stouten	burg	Lost	4. DATE OF DEAT	Ma	onth ay 1,1	967	Yeo	31
S. SEX M	6.	COLOR OR RACE	7. MARRIED WIDOWED			OF BIRTH 1-#5 1903		9. AGE (In years 6 st birthdoy) yrs.	IF UNDER Months	Doys :	IF UNDER Hours	Min.
during most o	Disti	ve kind of work done even if retired) LCL Mgr.	10b. K	CIND OF BUSINESS OR NOUSTRY SlicingM.	Co 11.1	RTHPLACE (County Bloomvil				ITIZEN OF OUNTRY? U.		
13. FATHER		orge Stout	enbur	g	14. /	NOTHER'S MAIDEN N Emma Me		k				
15. WAS DEC	EASED EVER IN	U.S. ARMED FORCES? esgive way or dates of 1919-1922	service) 16.	social security no. 70 03 8659	7. INFORM		enbu	124 d	rëenri ervill			714
Conditionise to instanting lost.	ns, if ony, who mediate co	g couse DUE	(c) ART	FRI ASCLERCO SEASE TO DEATH BUT NOT RELATED					978	119.	WAS AUTO	OPSY
CATION CATION	DA	BETTES	MAK	KITUS							PERFORM	NO P
		DERLYING AUSE OF DEATH ICAL EXAMINER)	205. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter r	oture of injury in I	Port I or I	Port II of item 18.)				
WED	Hour o.m. p.m.	Month, Doy, Yeor	While of wo	e Not While rk ot work	foctory, stre	JURY (Home, form et, office bldg., etc.)				ounty)	((Stote)
sav	v the dece	that (I) (this has ased alive an	aital) atter	nded the deceased fram 25_1967, and	that deat	23,1 h accurred at	850	, ta MAY M, fram cause	s and an		e stated	we) la d abav
9 30	GNATURE	Juvi	iske	^	M.D. PI	TENDING YS. 2d, ADDRESS	MED. DIRECTOR	STAFF PHYS.		DATE SIGN		7
	fYSICIAN'S AME (Τγρθ)	Thaddeus	C. Siv	vinski, M. D.		206 W. 1		sylvania		e (2]	1204))
23o. BURIAL, REMOV	CREMATION, BEFREIVA 1	23b. DATE THE May 5,		23c. NAME OF CEMETERY Dulaney Va			Co	LOCATION (City or ockeysvil		(County) alto,		State)
24. FUNERA		Brooks To	ween	ADDRESS Towson Md	21204	2So. REC'D		STRAR 25b.	REGISTRAR'S			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely, filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

The second of the second TORE, WARRY STREAM SECTION ... THE STREET WAS CONTRACTOR OF THE STREET Distriction of the state of the DARRETT & THELLITED THE THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06427 CERTIFICATE OF DEATH r filled in by the funeral r papers. Pages 1 and 2 ithin 72 hours of the reach PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYI AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give, nearest town) timore KANDOIIS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO L ove carban vevent, with NAME OF Middle DATE Month Lost Doy Year camplefely DECEASED OF 5 196 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Hours in any WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? physician pup evK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, signed by the attending plantial-transit permit. Then a burial, crematian, ar reman Amue IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY ONSET AND DEATH mont IMMEDIATE CAUSE (o) be retained by the haspital or attending physician DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse detached far use as the te Dept. of Health prior ta TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. State ot work of work May 10, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram , 1966, ta pluods filed with the and that death accurred at 2:00 P. M. fram causes and an the date stated above. 196 saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE **ATTENDING** May 10-PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) directar, shauld b NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Ar 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2Sb. OY

executed within 24 hours after death requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06423	CERTIFICATE	OF DEATH	06418
	PLACE OF DEATH O. COUNTY Baltimo	re MARYLAND	2. USUAL RESIDENCE (Where deceosed a. STATE Md.	b. COUNTY Baltimore
1	b. CITY OR TOWN (If outside corporate limits write RURA) and givernearest tawn)	c. LENGTH OF STAY IN 16		imits, write RURAL and give neorest tawn) Baltimore 21212 03-1
_	d. NAME OF HOSPITAL OR INSTITUTION (If no 6207 Beechwood	0 1	d. STREET ADDRESS 6207 Beechwood	e. IS RESIDENCE ON A FARM?
3.	NAME OF Fire December 1 Susans	rst Middle	Lost 4. DATE OF DEATH	Manth Doy Year May 4 19 67
17	SEX 6. COLOR OR RACE white	7. MARRIED NEVER MARRIED	8 DATE OF RIPTH 9 A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10c dur	o. USUAL OCCUPATION (Give kind of work done ring mast af working life even if retired) TOUSEUR TE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME Lorenz	Schiller	14. MOTHER'S MAIDEN NAME Mar	garet Wehrwein
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes a		NFORMANT s Gretchen M. Ho	Address Vison same
	18. CAUSE OF DEATH (Enter only one coupant I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.	(a) Myousky 10 (b)	al Infanti	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN II	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II	of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour q.m. p.m. 19		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	ity ar tawn) (Caunty) (Stote)
		pital) attended the deceased fram_	t death accurred at PSM, f	rom causes and an the date stated abave
	22a. SIGNATURE	I Smitte M.	11113.	STAFF PHYS. Date SIGNED
	22c. PHYSICIAN'S NAME (Type)	n. Smith	22d. ADDRESS 305	The ALAMAS
1	o. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 5/8/6	67. Parkwood (emetery Ba	ION (City or Town) (Caunty) (State) Ltimore, Md.
24	4. FUNERAL DIRECTOR Leonard J. Ruck	, Inc Baltimore, 1	Md. PATE MAY 8	1987 Kuranes June

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tunisal director, page 3 should be detached for use as the burial-transit permit. Then please remove arban papers. Pages T and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or attending physicion.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06430		CERTIFICAT	E OF DEATH	05	419
PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	O STATE	Where deceosed lived, if institution: Reside ${f d}_{f ullet}$	ence befare admissian)
Rosed RURAL on		c. LENGTH OF STAY IN 1b	R	utside corparate limits, write RURAL ond gi	03.1
	TAL OR INSTITUTION (If not in I		d. STREET ADDRESS	Ellinwood Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First MILDR	ED JOSEPHINE	STUPRICH	4. DATE Month OF DEATH 5/7/67	Day Year 19
5. SEX female		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4/19/15	9. AGE (In years IF UNDE) See birthdoy) Months Yrs.	N 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATIO during most of working Waitres	(Give kind of work done g life, even if retired) SS	iob. KIND OF BUSINESS OR INDUSTRY Holland House	Balti	more, Md.	ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME	rank Kougl		14. MOTHER'S MAIDEN	nknown	
1S. WAS DECEASED EV (Yes, na, ar unknawn)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes af serv	rice)	INFORMANT Oscar Stup	Address rich, 1817 Elli	21206 nwood Rd.
	DEATH (Enter only one couse pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line far (o), (b) and (c).)	c arres	t	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if an		Metastatic	Carcino	ma of the bree	ext / mon,
rise to immedio stoting the undi- last.		Lungo 24	iver	0	
PART II. OTHER S	GIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF IN. Hour o.	JURY Manth, Doy, Yeor .m. 19		ACE OF INJURY (Hame, form ctary, street, office bldg., etc.		ounty) (State)
	ify that (I) (this hospital deceased alive on	attended the deceased from		1964, to 142262019 18 AM, from couses ond on	thot (I) (we) last the date stated above
22a. SIGNATURE	John de	rel 2017-967	ATTENDING PHYS.	MED. STAFF	DATE SIGNED
22c. PHYSICIÁN' NAME (Type		Geldrich	22d. ADDRESS 8 919	Philadelphia Ro	ad
23o. BURIAL, CREMATI REMOVAL (Specif Buria	YL		f Faith Ce		
24SEUNERAL DIRECT	lek Funeral Brehms Lan	Home, Inc.	25a. REC'	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-thous after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled wit by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept of Health priar to burial, cremation, or removal, and in any event, within 72 hours after deat Page 4 may be retained by the hospital or attending physicion.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0643			CEKTIFIC	ATE OF D				U64	68
PLACE OF DEAT O. COUNTY	Baltimo	re	MARYLAN	a. STAT			sed lived, if institu b. COU	tian: Residence be	efare admissian)
b. CITY OR TOW write RURAL	N (If outside carporote limi ond give neorest tawn)	s,	c. LENGTH OF STAY IN 1	c. CITY OR		utside carpare Ltimor	ate limits, write RU	RAL and give nea	arest town)
d. NAME OF HOS	PITAL OR INSTITUTION (If no table) to Josephs Ho	at in haspitol, spital	give street address)	d. STREET		12 E.	Madison	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	F	irst	Middle	Los		4. DATE	Man		Doy Year
(Type or print)		Emma	М	SUPIK		OF DEATH	May	2	28 1967
S. SEX Female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED TO DIVORCED	8. DATE OF 12-	BIRTH 22-0.8		AGE (In years Jost birthday) yrs.	Months Doy	
	10N (Give kind of work done ing life, even if retired)	10b. K	IND OF BUSINESS OR	11. BIRTH	PLACE (County	& Stote, or fo	reign country)	12. CITIZEN COUNTS	OF WHAT
13. FATHER'S NAM			Agency		R'S MAIDEN	NAME			
Charle	s A. Supik			Emm	a H. K	ozlov	skv		
		16.	SOCIAL SECURITY NO.	17. INFORMANT			Addr	ess	
(Yes, no, ar unknaw	EVER IN U.S. ARMED FORCES? n) (If yes give wor ar dates	at service)	5-10-8473	Edward S	upik.	broth	erm Box	67 Route	1.
PART 1. C	iny, which gove	A LL	ite hemorrha	gic panc		-	land 210	υ ζ	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATE	D TO THE TERMINA	DISEASE CO	NDITION GIV	EN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in	Part I ar Pa	rt II of item 18.)		
20c. TIME OF Hour	INJURY Manth, Day, Year	20d. I While	Nat While	e. PLACE OF INJUR' foctory, street, of			(City ar tawn)	(Caunty)	(State)
21. I ce saw the	rtify that (A) (this ha deceased alive an_	spital) atten May 2	ded the deceased fro 8 19 <mark>67</mark> , and	m <u>May</u> 2 I that death a	7 , courred at	19.67 7:101	May Mam causes	28, 1967, and an the c	that ()((we) date stated abo
22o. SIGNATU	RE Lusuro,	s. e	och burn	M.D. PHYS.		MED. DIRECTOR	STAFF PHYS.	22b. DATE S May 29	1967
22c. PHYSICIA NAME (T		Cockbur	m, M.D.		ODDRESS Yor	k Rd.	Towson	Md. 21	204
230. BURIAL, CREMA BURIAL Spe	ATION, 23b. DATE THE CITY) 6/1/67		23c. NAME OF CEMETER Holy Rede		etery		CATION (City or To	,	inty) (State)
24. FUNERAL DIRE	oculmun	ek Fundehms L	eral Home ane #13		2So. REC'	D BY REGIST	RAR 2Sb. R	EGISTRAR'S SIGNA	

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funer directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 fit shauld be filed with the State Dept, of Health prior to burial, crematian, or remaval, and in any event, withme? Jours after de Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06421 06432 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Baltimore a. COUNTY b. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 15 Towson 22 years Parkville 21234 Balto. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1/8801//Har/for/d/R640 oseph's Hosp. YES NO T 8801 Harford Rd NAME OF Middle 4. DATE pau DECEASED DEATH (Type or print) Rev William event, Rt. Sweeney IF UNDER 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days DIVORCED WIDOWED 1900 66 68 YES March 5 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be physician c during most of working life, even if retired) Religious COUNTRY? Priest Baltimore Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAM removal Dennis Sweeney Mary Brennan 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war ar dates af service Family Records. requires that the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (cx) signed by the burial-transit burial cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disease 15 Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? MUOCON NO be retained by the haspital or certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While State at wark L O FUNERAL DIRECTOR: After at wark 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from . to M, fram causes and an the date stated above. saw the deceased alive an. and that death accurred at_ 22a. SIGNATURE 22b DATE SIGNED PHYS M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ENI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVE (IPAIN) 5-17-1967 New Cathedral Baltimore Md. 24. FUNERAL DIRECTOR Evans 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Harford Rd. & Son 8802 VR A15 (4) 20 M 1/66

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TO DEPUTY MES. AL EXAMINER: This certificate should be executed within 24 hours after death. If

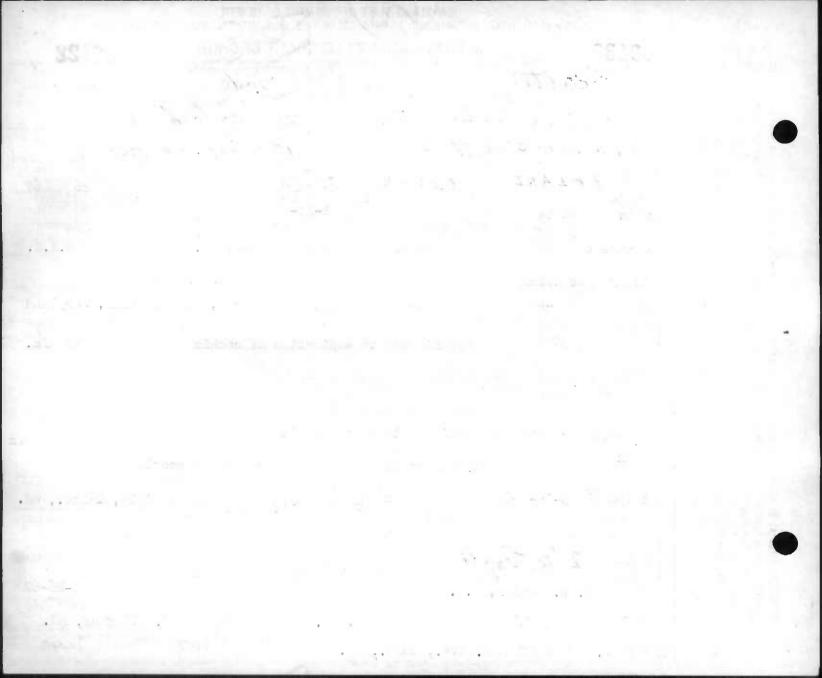
Health ar its designated agent, prior to burial, cremation, ar remaval, and in any even TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and

5 may be retained far your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05433 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	06422
PLACE OF DEATH a. COUNTY Batto MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if ins a. STATE b. (titutian: Residence before admission
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write	RURAL and give nearest tawn)
Ewines min som	Coumberland	, mol. 01-)
d. NAME OF HOSPITAL OR INSMITTION (It not in bospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	12 Virgina	Cerre, YES NO
NAME OF DECEASED (Type or print) LELAND EDWARD	- DE	Aonth Day Year
SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	SWICK DEATH 8. DATE OF BIRTH 9. AGE (In year)	5 26 19 67 S I IF UNDER 1 YEAR IF UNDER 24 HRS.
White WIDOWED DIVORCED	1-11-55 Jast birthdoy) Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State ar fareign cauntry)	12 CITIZEN OF WHAT
uring most of working life, even if retired) NDUSTRY none	Allegany Co., Md.	COUNTRY? U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard Lee Swick	Mildred Elizabeth Mos	SS
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT A	ddress
res, and unknown) (if yes give word or dates at service) none	Rosewood Records, Owings	s milis, maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Canditions, if any, which gave rise to immediate cause (a), (b)	aspiration of cookie	INTERVAL BETWEEN ONSET AND DEATH 25 min.
stating the underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Severe Mental Retardation with hyp		19. WAS AUTOPSY PERFORMED? YES NO
PRIMAR YED or CONTRIBUTING Stuffed cookie in	D. (Enter nature of injury in Part I ar Part II of item 18. mouth and choked on cool	
20c. TIME OF INJURY Month, Day, Yeor 12:50 p.m. 5-26- 1967 While of work at work at wark 21. I certify that I taak charge af the remains described above,	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) Lland Cottage Owings	(County) (State) Mills, Balto., Md.
death resulted from: Natural couses, Accident 🗷, Sc	uicide 🔲, Hamicide 🔲, Undetermîned	manner
ACTUAL SIGNATURE D. D. Caples	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type) D. D. Caples, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county)	5-26-67
da. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, 5/29/67 Sunset Memo		
The second of th	Die Chambon ond	
Burial (Specify) 5/29/67 Sunset Memo		Allegany, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbor pages. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remavol, and in ony event, within 72 hours after deather. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

961.34

CERTIFICATE OF DEATH

06423

OOMU.			CERTIFIC	CAIL O	PEAIN	100			1	いしなく	110
1. PLACE OF DEAT	Н			2.	USUAL RESIDENCE (V	Where decease			nce befar	e admissia	ın)
o. COUNTY Ba 1	timore		MARYLA		o. STATE Ma	rvland	b. COU	NTY R	2/4.	192.4 Z	20
U. CITY UK TUTTI	I fill aniside calbarate tills	its,	c. LENGTH OF STAY IN		CITY OR TOWN (If ou		limits, write RU	RAL and giv	re neares	t tawn)	
write RURAL Cato	and give negrest tawn)					ltimor		0	3 -	1	
d. NAME OF HOS	PITAL OR INSTITUTION (If I	nat in haspital, g	give street address)	d.	STREET ADDRESS	TO THIOT				ON A FA	ENCE
Summit	Nursing Ho	me			2683 West	t Park	Drive	21207			NO T
3. NAME OF		First	Middle		Lost	4. DATE	Man		Day	Yeo	ır
(Type or print)	B1	anche			Calbott	OF DEATH	Ma		1.	196	7
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		TE OF BIRTH		AGE (In years	IF UNDER		IF UNDER	24 HRS
Female	White	WIDOWED	DIVORCED	0 9/	14/95		7 1 vrs.	Manths	Days	Hours	Min.
	ION (Give kind af wark dan		ND OF BUSINESS OR	11	BIRTHPLACE (County	& State, ar fare	ign country)		ITIZEN OF		
	ng life, even if retired) usewife	IN	DUSTRY		Mary 1	and		CC	DUNTRY ?	US	SA
3. FATHER'S NAME				14.	MOTHER'S MAIDEN N					00	/ 4 1
		Row			Susar	n	_				
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES	2 16	SOCIAL SECURITY NO.	17. INFOR			Addr	ess	Lane	212	229
Yes, na, ar unknaw	n) (If yes give war ar dates	s of service)	None	Mrs.	Florence	A. Stu	mp 710	N. C	hape	lgate	e
I IR CALISE OF	DEATH (Enter only one co	ouse per line for	(a) (b) and (c))	1			4			ERVAL BET	
	EATH WAS CAUSED BY:	LL.	pertensiv	. (AROIN	JASI	. 1 . 4			SET AND D	
443	IMMEDIATE CAUS	E TO	Dise	O H-CD	71,010	7720	~ I A K			YEA	
Conditions, if o	ny, which gave)		ssenti	n 1	Hyper	atou				Khok	
rise to immed	iate cause (a), ((b)	SSCHILL	7 -	Type	RIEN	2101		44	11 206	JIV
stating the un	derlying cause	(c)									
	SIGNIFICANT CONDITIONS		O DEATH RUT NOT DELAT	ED TO THE T	PMINAL DISEASE CON	IDITION GIVEN	IN PAPT 1(c)		19	WAS AUTO)PSY
NO.	SIGNIFICANT CONDITIONS	CONTRIBUTING T	DU NUI KELAI	LO TO THE I	KITHINAL DISEASE CON	TOTTION STREN	IN PART I(0)			PERFORM	ED?
20a. ACCIDENT V	WAS UNDERLYING	20% 00	CCDIDE HOW INHIDA OCCI	IIDDED (Enter	nature of injury in I	Part Las Dout	II of item 101			ES []	NO [
OR CONTRIBUTI	NG CAUSE OF DEATH	200. DE	SCRIBE HOW INJURY OCCI	UKKED. (EN181	nature at infary in t	ruit i ar rari	ii at item 18.)				
	FY MEDICAL EXAMINER)	001.0	WILDY OCCUPANT	O- DIACE OF	INCOME.	100	(Fib	10			Ci-4
20c. TIME OF Hour		While			INJURY (Hame, farm reet, affice bldg., etc.)		(City or tawn)	(Co	ounty)	(State)
	p.m. 19	at wark	c L at wark L	•							
	rtify that (I) (t his ho										
	deceased alive an_	MAYI	719 <u>67</u> , an	d that dec	th occurred of	8.70 MM	from couses				apov
22a. SIGNATU		2	rden		ATTENDING	MED.	STAFF		ATE SIGN		
	celiny >	1 000	wey	M.D. [DIRECTOR L	PHYS. L		5/16		
22c. PHYSICIA NAME (Ty		Borden	WI 5-6680		22d. ADDRESS 50	600 N	. Chape	Gat	e Ta	ne	-
			***		212-7						
23a. BURIAL, CREMA REMOVAL (Spe					7						
	rify)		23c. NAME OF CEMETE				ATION (City or To		(County)	(51	late)
Bur	ial 5/19		Western C	emete:	гу	Balt	timore,	Mary	land		late)
24. FUNERAL DIRE	ial 5/19	/67		Cemete:	cy 229 25a. REC'D		r 25b. RI		land SIGNATUR		tate)

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		Called Tolland Control of the Called Control
The state of		C Canada 1 1 1 1 1 1 1 1 200
	William Plant	control of the second of the second

lease remave carban papers. Pagand in any event within 72 hours

		ARYLAND STATE DEPARECORDS, 301 W. PRESTO			
96435		CERTIFICATE	OF DEATH		06424
PLACE OF DEATH o. COUNTY	BALTIMORE	MARYLAND	A STATE	Where deceased lived, if institut b. COUI	ion: Residence befare admission)
write RURAL on	If outside corporote limits, d give nearest town) T HOWARD	c. LENGTH OF STAY IN 16 83 DAYS		tside carparote limits, write RU	30-4
	TAL OR INSTITUTION (If nat in haspital, NS ADMINISTRATION		d. STREET ADDRESS	MULBERRY STR	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WTT.TAM	Middle NMT	Last	4. DATE Mont OF DEATH MA	
). SEX MALE	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/18/95	9. AGE (In years last birthday) 71 yrs.	Months Days Hours Min.
during mast af warking LABORI	life even if retired)	IND OF BUSINESS OR IDUSTRY ONSTRUCTION	CULPEPPER		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORG		COCIAL CECURITY NO. 17	BELLE I		
(Yes, na, ar unknawn)	(If yes give war ar dates of service)	8 05 78 89 CL	INICAL RECOF		HOWARD, MD.
PART I. DEA	things hire criede (a)		TLURE		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony rise ta immediat	r, which gave (b) AF	TERIOSCLEROSIS	HEART DISEA	ASE	YEARS

last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m factory, street, affice bldg., etc.)

Not While While ot work 19 at wark I certify that (this haspital) the deceased fram attended

1967 and that death accurred the date stated above. saw the deceased alive an at fram causes and an 22b. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. 127/67 M.D.

WAS AUTOPSY PERFORMED?

NO

(State)

(Stote)

YES

(County)

(County)

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH, FORT ZUI-SUN TAO, M.D. HOWARD, MARYLAND 23a. BURIAL, CREMATION 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

REMOVAL (Specify)
BURIAL 67 AVE DATE MAY 29 2Sb. 24. FUNERAL DIRECTOR REGISTRAR'S

North MD. ADOLPHUS HALSTEAD FUNERAL 196

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. P director, page 3 shauld be detached for use as the burial-transit permit. Then please remave cark shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event. Page 4 may be retained by the hospital ar attending physician

MEDICAL CERTIFICATION

22a. SIGNATURE

COME NIN

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MARYLAND STATE DEPARTMENT OF HEALTH

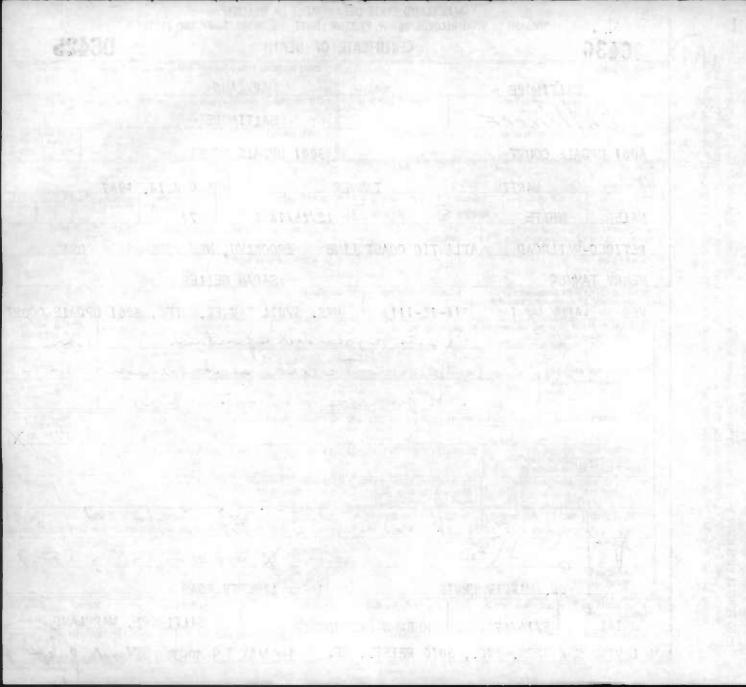
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06436	CERTIFICATE	OF DEATH		06425
1.	PLACE OF DEATH a. COUNTY BALTIMORF	MARYLAND	o. STATE	here deceased lived, if institutio b. COUNT	
	b. CITY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 1b		side corporate limits, write RURA	AL and give nearest town)
	write RURA and give nearest tawn) A TINORE		BALT	IMORE	12.1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	aspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
-	6001 UPDALE COURT			E COURT	YES NO
3.	NAME OF First DECEASED (Type or print) MARTIN	Middle TANNE	Rlast	4. DATE Manth OF DEATH MAY 14	1967 19
S.		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12/25/1892	9. AGE (In years last birthday) 74 yrs.	Manths Days Haurs Min.
du	a. USUAL OCCUPATION (Give kind of work done ring mast of warking lite, even if retired) RETIRED-RAILROAD FATHER'S NAME	IDD. KIND OF BUSINESS OR INDUSTRY ATLANTIC COAST LI	11. BIRTHPLACE (County 8	Stote, or foreign cauntry) VN NEW YORK	12. CITIZEN OF WHAT COUNTRY?
L	HENRY TANNER			H GELLER	
	es, na, or unknown) (If yes give wor or dates of serv	ice)	INFORMANT MRS. SYBIL T	Address ANNER WHITE. 6	
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c).)	cardial inf	actun	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o),	atenorchost	Le cordion	escale dis	on 6 mor
	stating the underlying couse DUE TO	with propriyo	raded up	-ction Jan 6-	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art 1 ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur'a.m. p.m. 19		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)		(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive an			OP M, fram couses a	, 19 67, that (I) () la nd on the date stated abov
	220. SIGNATURE	Eun M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 1967
	22c. PHYSICIAN'S NAME (Type DR. MARVIN	DAVIS	22d. ADDRESS 6512 LTBE	RTY ROAD	
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	/ //
2	BURIAL 5/16/67	HEBREW FRIE	NDSHIP PECTO	BALTIMORE DE DECISIONE	MARYLAND

DATEMAY

LEVINSON & BROS. INC., 6010 REIST., RD.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the foreral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 78 hours after death.

VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06426

1	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 8. STATE D. COUNTY
	DAITIMORE CO. MARYLAND	MALYLAND GATTIMORE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	PARKTON Lite	PARKJON 03.1
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
_	RPU#1	RPD YES NO D
3	3. NAME OF First Middle	Last 4. DATE Month Day Year
1	(Type or print) SAIAH 1 1.510 Thomps	ON DEATH //A 196/
15	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	Female Cau, WIDOWED DIVORCED 6	7-22-1885 81 yrs.
1 d	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Home	BAITO, Co. MARYLAND USA
1		4. MOTHER'S MAIDEN NAME
	JosHUA Wheeler	RACHEL HARE
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) ((If yes give war or dates of service)	FORMANT Address 149 Liberty ST.
	NO - 219-30-83580 M	s. Ethel R. Price Westminster, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	desire.
1	4221 DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate (
	underlying cause last. (c)	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	ICA1	YES NO C
1 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURR CAUSE OF DEATH.	RED. (Enter nature of injury in Part I or Part II of Item 18.)
10.61	S factory	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MED	Hour a.m. p.m. 19 While at work at work	
	21. I certify that I took charge of the remains described above, held	an Autopsy, Inspection, Inquiry, and In my opinion
	death resulted from: Natural causes (), Accident (), Suicident	de 🔲, Homicide 🔲, Undetermined manner 🔲
	() h =	CHIEF MEDICAL EXAMINER
	SIGNATURE (1. M. Trance	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S 17 11 7 12 13	DEPUTY MEDICAL EXAMINER
	NAME (Type) TT. FI. F. A. N.C. e.	Address (Street, city, town, or county) TARKTIN, MA
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 23d. LOCATION (City, town or county) (State)
1	BURIAL MAY 29, 1967 MT. CARMEL	Cemetery PARKTON Md.
1	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 3 1 1987 Charles Jusce
	Joseph 6 40 TT : Hampstead	

* *** C

06438 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpeters, filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after deat

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 Items #8 & 9 Film **BALTIMORE, MARYLAND 21201**

DEATH CERTIFICATE OF

PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceosed lived, if institution b. COUNTY	
b. CITY OR TOWN write RURAL on Park	(If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write RURA Baltimore 212	
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in ho 2910 Onyx Road		d. STREET ADDRESS 2	910 Onyx Read	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RANDOLP!	H H. THE	RASHER, SR.	4. DATE Month OF MAY 19	Doy Year 19 67.
S. SEX Male	Table 2.4.	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH October 5,		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATIO during most of working	N (Give kind of work done lite, even if retired) Letter Carrie:	10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (County Mary	y & Stote, or foreign country) land	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	William T	hrasher	14. MOTHER'S MAIDEN	Eleanor Si	mmons
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates of service		informant s. Verna L.	Thrasher Address	(Same)
Conditions, if ony rise to immedio stoting the under last. PART II. OTHER S	(, which gove to couse (o), erlying couse (c)	UTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CATIO		now			YES NO
(IF FITHER NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)	
Hour o.	URY Month, Doy, Yeor m. 19		ACE OF INJURY (Home, for octory, street, office bldg., etc		(County) (State)
saw the d	eceased alive on 5	attended the deceased fram_ 1967, and th	3. 23 , at death occurred o	19 <u>54</u> , ta <u>5 · 19</u> t <u>4 P</u> M, from couses ar	, 1967, that (I) (we) last and on the date stated obove
22o. SIGNATURE	1 Dec		A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5. 20.67
22c. PHYSICIAN'S NAME (Type	DR. Jos. 519	LOVEN	22d. ADDRESS	W. Keofre	Baltimonsy
23o. BURIAL, CREMATI REMOVAL (Specifi Buria)	y) 5/23/67	Parkwood	Cemetery	23d. LOCATION (City or Town Baltimore	, Md.
24. FUNERAL DIRECTO	OR .	ADDRESS Balto. Md. 21214	2So. REC	D BY REGISTRAR 1967 Sb. REP.	DEARS HE MANING

meneral in Shafera ACRES -eveniding The Sand Sand AT ANY OF THE PARTY OF THE PART Netter Letter Garrier Fost Office . Lawland and the sample of Land Control (control to the control 5/20182 Friedmant Carecony of enomitted

LTH , BALTIMORE, MARYLAND 21201

MARYLAND STATE DE	
CERTIFICATI	OF DEATH
MARYLAND	2. USUAL RESIDENCE (When o. STATE
	ESEARCH AND RECORDS, 30 CERTIFICATI

05428

-)		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institu	tion: Residence before admission)		
/	(o. COUNTY	MARVI AND	2. USUAL RESIDENCE (Where deceosed lived, it institutes o. STATE Ball	INTY		
		o. CITY OR TOWN (If outside corporate limits,	MARYLAND C. LENGTH OF STAY IN 1b	CITY OR TOWN (If a city of the	THOLE		
	,	write RURAL and give nearest tawn)	C. LENGTH OF STAT IN 18	c. CITY OR TOWN (If outside corporate limits, write RL	JKAL ond give neorest town)		
				BALLELAND.	03.1		
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in	n hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
5		Bathmore County ben	recal thearts.	1523 Kirkwood Rd.	YES NO		
	3	NAME OF First	Middle	Lost 4. DATE Mor			
1	1	DECEASED		n	29 1967		
	-			Tillen DEATH 5			
1	3	SEX 6. COLOR OR RACE 7.	. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.		
_		F. White	WIDOWED DIVORCED	1-6-93 72 Yrs.			
	10o.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT		
	durii	ng most of working life, even if retired) Housewife	INDUSTRY	Ball Manuland	COUNTRY?		
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	OBIL		
		A.D 1 - W . 1 .	7/	Katherine Dreschler	•		
	1.0	Charles Hoenhood	Koeneke				
	(Ye	was Deceased Ever IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of se	ervice) 16. SOCIAL SECURITY NO. 17	INFORMANT Keerber Add			
		Ne		1521 Clairidge Rd 21207	/		
		18. CAUSE OF DEATH (Enter only one couse	per line for (o), (b), ond (c).)		INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drycenteal Infraction					
		527/ IMMEDIALE CAUSE (0) DUE TO					
'n		Conditions, if ony, which gove) (b) Pulmonan 7 choses					
		rise to immediate couse (a),	77	Lasour			
		storing the underlying couse	2 P 1	£ .			
		lost. (c)	Of minoresy	- Compageens			
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
3	ATIC				YES NO		
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Port II of item 18.)			
	CER.	OR CONTRIBUTING CAUSE OF DEATH					
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)		
S	MEDICAL	Hour o.m.	While Not While	ctory, street, office bldg., etc.)	(500114)		
	2	p.m. 19	at work U of work U				
		21. I certify that (1) (this haspital) attended the deceased fram -19 , 1962, to -29 , 1962, that (1) (we) last saw the deceased alive on -129 , 1962, and that death occurred at -1962 , m, fram causes and on the date stoted obave.					
		saw the deceased alive on 12 9 1967, and that death occurred at 2 M, fram causes and on the date stoted obave.					
		22b. DATE SIGNED					
			w h	A.D. PHYS. DIRECTOR PHYS.	V-/29/11		
		22c. PHYSICIAN'S		22d. ADDRESS	- / //		
1		NAME (Type) Stephen L	ai	Balto. Co. Hosp., Old	Court Rd.		
	230	BURIAL, CREMATION, 23b., DATE THEREC		R CREMATORY 23d. LOCATION (City or To	own) (County) (Stote)		
2		_REMOVAL (Specify) 6/1/67					
		Burial					
)	24	Funeral director Witzke F. D 4101	ADDRESS		EGISTRAR'S SIGNATURE		
2		TOURS I'S DO - ATOL	Famoudaou Ave.	DATE MAY 3 1 1967	The state of the s		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours a Page 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any great, within 72 hours a

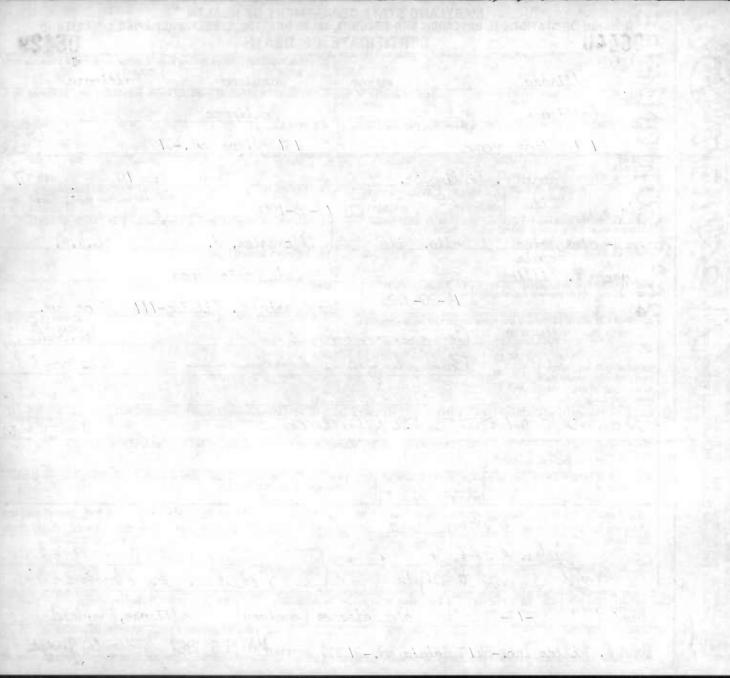
· 2 20 more large descet, labore l' But H. Mary Earl TOL SECTION LINE SECTION The College and - 21/07 Pagerada Drymalia the state of the second of the second Library and the State of the St added to boot, I to took at the Landing of the court of the cou diske !. If - All Mandaren Wes.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND STATE DEPARTMENT OF HEALTH				
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND		
06440	CERTIFICATE OF DEATH	05429		

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE b. COUNTY /	Residence before admission)
Baltimore MARYLAND	Paryland Balti	
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
Baltimore	Baltimore	3.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
131 Elinor Avenue	131 Elinon Ave21236	YES NO NO
3. NAME OF DECEASED (Type or print) Educard F. Tilling Sr.	Last 4. DATE Month OF DEATH May 10	Day Year 19 67
tunde i recent sico	R DATE OF RIPTH 19 ACE (In verte LEUNDE	P 1 YEAR ILFUNDER 24 HRS
Male White WIDOWED DIVORCED	12-28-1900 last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (GIVA kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
Foreman-Water Leter Balto. (ity	Illchester, Md.	11. S.A.
13. FATHER'S NAME Repair	14. MOTHER'S MAIDEN NAME	
Joseph V. Tilling	Luly Marie Hanes	
15. WAS DEC EASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addrass	
No (11 yes give mar or dates of service) 2/4-20-3426	Mary (Marie) C. Tilling-131 Eli	non Ave.
18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cercein oma	toris	mortes.
1621 DUE TO -2	· h	
Conditions, if any, which \ (b) / Nonches gene	- Ellenoma	2 4/2.
gava rise to immediata cause (a), stating tha DUE TO		0
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8	19. WAS AUTOPSY PERFORMED?
ACUD & chronin Atul gibre	Clartcon.	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELA A CUID CLUSON A Jule Grine 20a. ACCIDENT WAS UNDERLYING COU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Entar natura of Injury In Part I or Part II of Item 1	8.)
	CE OF INJURY (Homa, farm, 20f. (City or town) (Cory, street, office bidg., etc.)	ounty) (State)
Hour a.m. p.m. 19 at work at work	ry, sa eet, onice blug., etc./	
21. I certify that (I) (this hospital) attended the deceased from	June , 1962, to 10 may , 19	67 that (I) (we) last
	death occurred at M, from the causes and on	
22a. SIGNATURE	22b.	DATE SIGNED
M.D. C. Fre M.D.	D. PHYS. BIRECTOR PHYS.	-11-67
22c. PHYSICIANS JOHN C. 1+y/e	7527 Belan Pa Bo	llo36mu
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or comer (emetery) Baltimore, M	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	
	MAY 1 5 4007 OTL	
John C. Miller Inc6415 Belain Rd212	UD I DATE TO TOOK	1



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05441
CERTIFICATE OF DEATH
05430

	OOXXX			CENTIFIC	MIL	OF DEA	I II			UU		3	
1.	PLACE OF DEATH	4			- II	2. USUAL RESID	ENCE (W	here deceas	ed lived, If It	stitution:	Residence	before a	dm(ssion)
	a. COUNTY	71.				a. STATE			b. cou				/
_		ltimore		MARYLA			d.						1
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tow	te iimits,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN	(If outsi	de corpor	ate limits, w	rite RURA	L and giv	ve neare:	st town)
	Catons			1 Week		Bal	timor	re				3000	/
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not In ho	spital, give street add	dress)	d. STREET ADORE					1		IDENCE
						707 6					- 1	ON A	-
		n The Pines		g Ave.				ista A				YES	NO Ext
13.	NAME OF OECEASED		Irst	Middle		Last	4.	DATE	Mon	th	Oay	Ye	ar
	(Type or print)	Elmira		M.	Tra	vers		DEATH	May	26,	0	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	18	. DATE OF BIRTH		9. A	GE (In years	IFUNDE	R 1 YEAR		
	Dan - 7 -	7.70 - 2 - L -	WIOOWED [3	TT 0 70	70		st birthday)	Months	Days	Hours	Min.
	Female	White ION(Give kind of work		ND OF BUSINESS OR		July 2, 18		88	7.0.	n) 12 (NITIZENI.	OF WHAT	
dui	ing most of work	ing life, even if retire	done 100. KI	OUSTRY		II. BIRTHPLACE	(County	ec State, or	toreign count	77 12. 0	OUNTRY	?	
	House Wi	fe				Balto .Md				U.	S.	A.	
13	FATHER'S NAM	E			1	14. MOTHER'S M	AIDEN N	AME					-
	0				-	A 7. 2							
15		e Aaron	200500 1 00 4		1	Amelia K	riel		0.44-				
(Y	s, no, or unkown)	EVER IN U.S. ARMED FO	of service)	SOCIAL SECURITY NO.	17.	INFDRMANT			Addr	Bal	to. I	Md.	
	No				Mrs	s. Margare	t G.	Banks	307 S				
	18. CAUSE OF	OEATH [Enter only on	e cause per li	ne for (a), (b), end (c).							INTE	RVAL BE	TWEEN
		EATH WAS CAUSED BY	. (- D 1 b):	Alexan					ONS	ET ANO	OEATH
		IMMEDIATE CAUSE	(a)	allow Ho	us	was to					- '	wy	-
	422	OUE	TO ON	to o t	- 1	· Y V.					-	tv.	
	Cenditions, If		(b)	meroperand	e 1	i U Duse	203				-	- 72	
20	gave rise to		TO			1 10				1000		0	
	cause (a), si underlying caus	tating the									100		
N			(c)	TING TO DEATH BUT NO	TDELAT	TEN TO THE TERMIN	AL DISEA	SECONDIT	IONGIVENI	N PART 1/A	119.	WAS AL	ITOPSY
CERTIFICATION	TACTIL OTHER	JIGHII IOANI CONOTTI	OHO GONTKIBO	TING TO O EXTENDED THE	/I KELA	IED TO THE TERMIN	AL UISLA	SE COMDIT	TOTA GIVE IN I	41 VIV.1 2/0	,	PERFOR	MED?
20											YE	S	No 🔀
Ē	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	COCCU	RREO. (Enter natur	e of Inju	ry In Part	I or Part II	of Item 1	8.)	4 50	
9	(IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)										
		INJURY Month, Day,	1	JURY OCCURRED 120	o PLAC	E OF INJURY (Hom	e farm	2Df (CII	y or town)	(Cr	ounty)	- (State)
MEDICAL	Hour 8.7		While	Not While	factor	y, street, office bld	g., etc.)	201. (01)	y or tomi,	101	, un cy	,	otato,
MEI	p.1		at work	et work									
	21 certif	v that (I) (this has	nital) attende	d the deceased fro	ım	41	. 195	dt S	5-2	6 , 19	67 th	nat (I) 6	ie last
	of the second states	ceased alive on	5-2			death occurred	,						
	22a. SIGNATUI		A	all	u tiiat			LIII, II OIII	the cause.		OATE SI		and ac.
	ZZa. SIGIVATO	" CX -	7 //2	06.30		ATTENDING PHYS.	MEO.	-	STAFF -		85	1 -7	
		- and	· Now		M.D.	PHYS.	OIREC	CTOR	PHYS.	11 0	591	6	
	22c. PHYSICIA NAME (T)					22d. ADDRÉS	5						
	NAME (I	, pc,											
23:	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	2	3d. LOCA	TION (CIty,	town or c	ounty)	(S	tate)
	REMOVAL (Sp												
	Burial FUNERAL DIRE	May 29	1967	ADDRESS (jem.	l 25a.		V PEGISTA	AR 25b.	REGISTRA	R'S SIGN	ATURE	
							110						
	G. Truman	Schwab 351	2 Freder	rick Ave, Ba	alto.	.Md. DAVE	113	1 196	1 10	land	By you	del.	

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y be	Dige
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.
VE	R A15 (4)

	06442		CERTIFICA	TE OF	DEATH					064	31
	PLACE OF DEATH D. COUNTY Baltimore		MARYLAND	2. USUA o. STA	TE	(Where dec	eosed lived, if institu		_	ore odmiss	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) Baltimore		c. LENGTH OF STAY IN 16	c. CITY C	R TOWN (If o	outside corp	orote limits, write RL	IRAL ond gi	ve neore	st town)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in l 4314 Barrington Ave.		give street address)		ADDRESS 4 Barr	inoto	n Rd 21	229		e. IS RESI ON A I	
	NAME OF First DECEASED		Middle		ost	4. DAT			Do		ear
	Type or print) Jay		н.		iber	DEA		lay	1 VEAD	21 19	1
S.		MARRIED	NEVER MARRIED DIVORCED	8. DATE OF 7/11			9. AGE (In years lost birthday) yrs.	Months Months	Doys	Hours	
	USUAL OCCUPATION (Give kind of work done ngmpst of working life, even if revised).		IND OF BUSINESS OR IDUSTRY SCETN Union	11. BIRT	,	y & Stote, or sylva	rforeign country) nia		OUNTRY		US
13.	FATHER'S NAME			14. MOT	HER'S MAIDEN	NAME					
	Herbert Treiber				Eliz	abeth	Sheely				
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes give wor or dotes of serv	16. 2:	SOCIAL SECURITY NO. 1 15-03-7490	7. INFORMAN	100 100 100	I. Tr	Addr ceiber 431		ring		229 Rd.
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for	(o), (b), and (c).) Cleute	ulus	nany	e de	ma			TERVAL BE NSET AND	DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse		Pulmmany	my	shings	ma			3	year >	4
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING 1	TO DEATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE CO	ONDITION G	IVEN IN PART 1(0)		19	. WAS AUT PERFORM	TOPSY MED? NO [
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter notu	re of injury in	Port I or I	Port II of item 18.)	-17			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. II While of wor	Not While	PLACE OF INJU foctory, street,			(City or town)	(C	ounty)		(Stote)
	21. I certify that (I) (this haspital saw the deceased alive an Duc					4	ta May 2 M, fram causes			hat (I) { te state	
	220. SIGNATURE S-C. Mose 2	an	ghlin	M.D. PHYS.	DING A	MED. DIRECTOR	STAFF PHYS.	226. 1	ATE SIG	VED /67	7
	22c. PHYSICIAN'S NAME (Type) D. C. MacI	augh	nlin		ADDRESS N.	Ro11	ing Rd.	1			
230	BURIAL, CREMATION, 23b. DATE THEREOF 5/24/67		23c. NAME OF CEMETERY Lorraine				LOCATION (City or To		Count		(Stote)
24	FUNERAL DIRECTOR Howard H. Hubbard	410	07 Wilkens Av	e.	2So. REC	Y 2.5	100 m	EGISTRAR'S		RE	4

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Towns T. Land Fr. U. 1207 [Thenn. T. Trees.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove canon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	06443	3			CERTIF	ICATE	OF DE	ATH				U	長の登	36
1.	PLACE OF DEAT	Baltimo	re		MAR	YLAND	a. STATE	Mary]	Land	b. COUN	NTY		-	
	b. CITY OR TOW write RURAL Cato	N (if outside corp and give nearest DISVILLE	orate limits town)	, c. 1	LENGTH OF STA	Y IN 1b		imore	lde corpora	te limits, wr	Ite RURAL	2000	4	
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if no	t in hospit	al, give street	address)	d. STREET AD		0011	74 4		0	. IS RES	IDENCE
S	SPRING G	ROVE ST	ATE HO	DSPIT	AL		1019	East	29th 3	street		Y	ES 🗌	NO 🗔
3.	NAME OF DECEASED (Type or print)	W	First C	1	Kerr	TO (KE)	TURN		DATE OF DEATH	Mont	4	Day 21	Yea 19	67
5.	SEX	6. COLOR OR RA	CE 7. MAR	RIED [NEVER MARRI	ED X 8	. DATE OF BIE		9. AC	E (In years t birthday)	Months	Days	Hours	Min.
	male	white	WIDO		DIVORC			1909	57	yrs.	1 1000		05 44143	
10a dur	INSUAL OCCUPATING Most of work	TION (Give kind of v king life, even if re	vork done 1 etired)	INDUS	of Business C Stry tory	OR	11. BIRTHPL	ACE (County	& State, or t	oreign country	U.C.	S	OF WHAT	
13.	FATHER'S NAM						14. MOTHER							
	? I	Koester						Morgan	n					
15	. WAS DECEASED	EVER IN U.S. ARMI	D FORCES?		IAL SECURITY N	10. 17.	INFORMANT			Addre				
(11	No.	(If yes give war or d	utto 01 oci 1100)	N	one	R	ecords:	SPRI	NG GR	OVE S	TATE	_	SPITA	
		DEATH [Enter on	-	per line f	or (a), (b), and		,			941	-	INTE	RVAL BE	TWEEN DEATH
	PART I. D	EATH WAS CAUSE IMMEDIATE CA	D BY: USE (a)	PUI	LHONAL	24 E	MBOLIS	H			hours	-		
	445	. /	DUE TO		0	1	-	. 0.	100-0	1/		do		
	Conditions, If		(b)	ATL	COMPLI	CATION	FOLLOW	ING 70	RUER	Y		09	7	
	gave rise to cause (a), s underlying cau	stating the	DUE TO (c)											
CATION	PART II. OTHER	SICNIFICANT CON	DITIONS CON	TRIBUTIN	C TO DEATH BUT	T NOT RELA	TED TO THE TER	MINALDISE	ASE CONDITI	ONCIVENIA	(PART 1(a)		PERFOR	ND
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING ING CAUSE OF	C DEATH DEATH (AMINER)	Ob. DESC	RIBE HOW INJ	IURY OCCU	IRRED. (Enter n	ature of Inju	ury in Part i	or Part II	of Item 18	3.)		
MEDICAL	Hour a.	INJURY Month, .m. .m.		20d. INJUI While It work	Not While	20e. PLA facto	CE OF INJURY (ry, street, office	Home, farm, bldg., etc.)	20f. (City	y or town)	(Co	unty)	((State)
2		Ify that (PC(this				from	July 19	. 19 3	4 to	414 2		27, th	iat 19 (we) last
		eceased alive or	1 / () 1	1 21	1967	and that	t death occur	red at 1129	₹M, from	the causes				d above.
	22a. SICNATI		01				ATTENDING	MED	. —	STAFF		21-6		
		1260139	(0000			M.D		DIRE	ECTOR	PHYS.		210		
	22c. PHYSICI NAME (je A.	Rod	on		SPA	2106	GROYE		tosp.			
23	a. BURIAL, CRE REMOVAL (S		124/67				or cremator Cemetery			ltimor	e, Md	•		State)
2	4. FUNERAL DIF Leonard	J. Ruck,	Inc. I	Balto	ADDRESS Md. 2:	1214		5a. REC'D	BY RECISTR	1967	RECISTRAL	R'S SICN	ATURE S	sye.

A COURT OF THE WAY OF THE PARTY AND THE RESERVE OF THE STATE OF 0.141 57.86 surfiel 5/20/69. Welv Crone Constepy Coltinore, Md. Langert J. Buck, Inc. Easts, Md. 21234

	55	
FOR STATE		06444
HEALTH DEPT.		PLACE OF DEATH O. COUNTY
Page en of		b. CITY OR TOWN (IF
PM3.		write RURAL and g
orm of the Dep		d. NAME OF HOSPITAL
e Pages 1, with form ne State De		NAME OF 5 2
24 hours after d in Item 18. Give ir's Office along v es lond 2 with the after death.		(Type or print)
Item 18. Office of	10-	M USUAL OCCUPATION
24 ho n Iter s Off s Ion fter d	duri	. USUAL OCCUPATION (ing most of working life BAR
within pencil is pencil is cominer ille poge hours at	13.	FATHER'S NAME
NINER: This certificate should be executed within 24 hours after death. If any he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, should be farwarded to the Chief Medical Examiner's Office along with form P files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Departion, or removal, and in any event within 72 hours after death.	15. (Ye	WAS DECEASED EVER (Is, no, or unknown) (II
executed anding" if Medicol within 7 within 7	,,,	JKK
be executed valued in pending" in hief Medicol Exansit permit. Fixent within 72 1		18. CAUSE OF DEATH
hould b word ' the Chi irial-trai		4201 Conditions, if ony, w
ote sh the d ta 1 a bur a bur d in a		rise to immediate stating the underly
e, writing tarwarded farwarded os a novol, and		PART II. OTHER SIGN
its ce tary we fary be use use	CATION	
INER: This e certificate, should be felies. 3 should be to files.	CERTIFICATION	20a. EXTERNAL CAUS PRIMARY ☐ or CONT CAUSE OF DEATH.
EXAMINEI ute the ce uge 4 short your files Page 3 shr cremotian,	MEDICAL	20c. TIME OF INJUR Hour o.m.
EXA cute bage ir you t: Pag	B	p.m. 21. 1 certify
rtal	7	death resulter
MEDICAL EXA please execute I directar. Page retained far you I DIRECTOR: Pagar ta buriol, crem		ACTUAL SIGNATURE
DEPUTY MEDICAL EXAM seessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eaith prior to buriol, cremo		EXAMINER'S NAME (Type)
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral directar. Page 4 should be farwarded to the Chief Medical Exominer's Office along with form PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department Bealth prior to burial, cremotion, ar removal, and in any event within 72 hours after death.	230	BURIAL, CREMATION REMOVAL (Specify)

VR A 15ME (S)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06433

L	00:										002	
1.	PLACE OF D	EATH						CE (Where deced		stitution: Resider	nce before o	odmission)
	o. COUNTY	BACT	0		MARYL		O. STATE	0.	b.	COUNTY BA	1176	3
-	b. CITY OR T	OWN (If outside	e corporote limits	s,	c. LENGTH OF STAY IN		ITY OR TOWN	If outside corpor	ote limits, writ	e RURAL ond giv	e neorest t	own)
	write RUF	AL and give no	earest tawn)				ESSE			9	12.	/
-	d. NAME OF	POSTITAL OR II		nt in hospital	, give street oddress)	d .	TREET ADDRESS				0	IS RESIDENCE
	1/3	SALLY	STOP N	SHAX	· KUNKU	5	-	RANKL	YN A	UE		ON A FARM?
3	NAME OF DECEASED	528	V FRA	WKLY,	v Auz Middle		Lost	4. DATE OF		Month	Doy	Year
1	(Type or prin	t)	Georg	е	Wm.		Uhl	DEATH		AY	29	1967
ß	. SEX	6. COL	OR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		AGE (In year lost birthda			Hours Min.
	M	1	V	WIDOWED	DIVORCED	1 mi	94 30	1893	A	rs.	5075	min.
10	Oa. USUAL OCCU	PATION (Give k	ind of work dane		KIND OF BUSINESS OR	11	BIRTHPLACE (S	tate or foreign	country)		TIZEN OF V	TAHV
0		orking life, ever			INDUSTRY		Mn	7.			S	A
1	3. FATHER'S N					14.	MOTHER'S MAIL	DEN NAME				
	ADI	9m	VHL				MI	7RY	BOH			
1	IS. WAS DECEAS	SED EVER IN U.S.	ARMED FORCES? ive wor or dotes of	of service) 16	S. SOCIAL SECURITY NO.	17. INFOR	MANT			Address		
(UNK	(11 703 9	110 1101 01 00100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1/1/	-IAN	VAL		AB	OVE	
				se per line f	or (o), (b), qo d (c).)	A		C'In	- 0-			VAL BETWEEN
	PART	I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE	(0) 10	cuto 1	(on a	nar	1 O	CUL	0141	ONSE	I AND DEATH
	14	201	DUE	1 /				7				
		if ony, which	anun 1	(b)				7				
		nediote couse	(0), (DUE	1 /								
	last.	underlying o	ouse	(c)								
		HER SIGNIFICAL	AT CONDITIONS C		G TO DEATH BUT NOT RELA	ED TO THE TI	PMINAL DISEASE	CONDITION GIV	FN IN PART 1/	2)	19. W	AS AUTOPSY
NOL	2	THE STOTE TEAT	- CONDITIONS	CHILIDO LING	, to beam but not keek	LU TO THE I	IIIAE DIJEAJE		214 114 1 WW 1 1 (,	PI	ERFORMED?
SICAT	200 54155	NAL CAUSE WAS	5	201	DESCRIPE HOW INTIDA OCC	LIDDED (E-4	noture of in-	u in Dort I as D	et II of item 15	2.1	YES	NO X
CEDTIELCATION	PRIMARY [or CONTRIBUT		200.	DESCRIBE HOW INJURY OCC	UKKED. (Enfer	noture of injury	y in Port I or Po	II OT ITEM 18).)		
N N	CAUSE OF D		4 5 4	1001	MINDY OSCUPED	DIACE OF	IN HUMA (III	1 001	(6.4	-1 10		(Fr. 1)
MEDICAL	20c. TIME	OF INJURY Moi our o.m.		20d. Whi			INJURY (Home, reet, office blda		(City or tow	n) (Co	unty)	(Stote)
M	2	p.m.	19		ork of work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-			
	21. 1	certify that	I taak charge	e of the re	emains described abo	ve, held o	n Autopsy	, Inspect	ion 💢,	Inquiry 🛣,	and i	n my apiniar
	death	resulted fro	m; Natura	al causes	Accident	Suicide	, Homi	cide 🔲 , l	Indetermine	d manner		
		7) (800		CHIEF MED	ICAL EXAMINER		5 Lan.		
	SIGNATUR		veo!	. LC	evastors	M.	ASSISTANT	MEDICAL EXAMI	NER		22.	DATE SIGNED
	EXAMINER							FDICAL EXAMINE	R X		5	179/6
	NAME (Typ							Street, city, town				1-114
2	3a BURIAL, CR		23b. DATE TH	EREOF	23c. NAME OF CEMET	ERY OR CREM	ATORY	23d. L	OCATION (City	or Town)	(County)	(Stote)
	REMOVAL	Specify) RIAL	6/1	167	SACRE	n t	HEAR T		BALT	0,	MO	
-	24. FUNERAL D			-	ADDRESS		25041	RECO BY REGIST		REGISTRAR'S	GNATURE	100
	TI	CON	NELL	4	300 /	nAC	LE DATE	OIA T	136/	I mark	20 July	Jan .
-	1	0.10	- my form		200 11	11'	- 1001				- 4/	

BELOG The same of the sa death. Page A. be retained by the hospital or attending physician.

TO HOSPITA

Geath. Page A. be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

Baltimore	3	MARYLAND	a. STATE Maryla	nd b. county	Ltimore
b. City OR TOWN (if outsi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporete limits, write R	URAL and give nearest lown)
Owings Mi		49 years	Owings	Mills	12.1
d. NAME OF HOSPITAL OF	R INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE
	ove Road		Timb er	Grove Road	ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First Lucy	Middle Lee	Utz 4.	OF Mey	1, 19 67
5. SEX 6. C	OLOR OR RACE 7. MAI	RRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years If	
Female V	White wido	WED DIVORCED	July 21, 18	69 77 yrs.	Aonths Days Hours Min.
10a. USUAL OCCUPATION (Connection of working I	Sive kind of work 1Db	. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
Housewif	9		Madison Co	., Virginia	U.S.A.
13. FATHER'S NAME	A TOTAL TOTAL	MENT STEEL SE	14. MOTHER'S MAIDEN NA	ME	
	Carpente	r	Unknown		
15. WAS DECEASED EVER IN (Yes, no, or unkown) (Ifyesgi		16. SOCIAL SECURITY NO. 17. I 217-148-4993 M		Ebaugh, Wes	Penna. Ave. tminster, Md.
IB. CAUSE OF DEATE	Enter only one cause p	er line for (e), (b), end (c).]			INTERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY: 2	bremis.			ONSET AND DEATH
1/23/	DUE TO	- Proce			1 190 13
Conditions, if eny, wh	DOE TO	Interior cleratic	MI Die		years
geve rise to immediate ca	USO L	ruenos cleratic	av. Justise		U
(a), stating the underly	ing DUE TO				
ceuse last.) (c)_	CONTRIBUTING TO DEATH BUT NO	AT DEL ATED TO THE TERMINIAL	DISEASE CONDITION CIVEN	IN PART 1(e) 19. WAS AUTOPSY
PAKI II. OTHER SIGN	INCAM CONDITIONS	ON KIDOTING TO DEATH BUT NO	T KEENIED TO THE TERMINAL	, DISTAST CONDITION OFFER	PERFORMED?
5 Par		, st. arm + les	4		YES - NO
PART II. OTHER SIGN PART III. OTHER SIGN	USE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part	for Peri II of Item IB.)	
20c. TIME OF INJURY Hour a.m.	W	hileNot While tect	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20t. (City or town)	(County) (State)
7	17	work et work	0.5036	(2 h	1 12
					/, 196.2, that (I) (we) last
saw the deceased a	live on April	3.019.6, and Ihal	death occurred at	M, from the causes an	d on the date stated above.
22a. SIGNATURE	in E. Stro	el M	.D. ATTENDING MED	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Martin E.	Strobel	22d. ADDRÉSS Reiste	rstown, Md.	
230. BURIAL, CREMATION,	236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
REMOVAL (Specify) Burial	May 4, 19	67 All Saint	s Cemetery	Reisterst	own, Md,
24 FUNERAL DIRECTOR'S SIG		Address Owings Mi	11s, Md DAMAY	BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
1 A. con	10000		, 10,413, 1.		U V

CANALL BRIDE CASE PARKS PERSONAL PROPERTY OF THE PROPE 是我们为生活 (5 文档 1911 (b) (6) (6) (6) (6) (6) . Het Elerstown, Me. William Water and the state of the property THE REPORT OF THE PERSON OF TH A YAM . To an office of the control of the second of the s

06446

CERTIFICATE OF DEATH

06435

	00440				1002	tee
	PLACE OF DEATH D. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary 12	here deceased lived, if instituti b. COUN		/
ŧ	o. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side carparate limits, write RUR		
	write RURAL and give nearest town)			sville Caltima		20.4
-	I. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE		
	House In The Pines				1223	ON A FARM? YES NO
1	NAME OF First DECEASED (Type or print) HENR	Middle	VELTEN	4. DATE Month		3 Year 19 67
j. 5	Access to the second	MARRIED NEVER MARRIED 15 IDOWED DIVORCED 15	8. DATE OF BIRTH 3/14/88	9. AGE (In years last birthday)	Months Day	
0a. Iuri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Motorman - retired	10b. KIND OF BUSINESS OR Ballto. Transit	11. BIRTHPLACE (County & Marylar		12. CITIZEN COUNTR	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
	John H. Velten		Wilamer	na Lentz		
15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give wor or dates af serv	ice) 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addre	SS	
Ī	18. CAUSE OF DEATH (Enter only one couse per	r line for (a), (b), and (c).)				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CONGESTIVE				UNSET AND DEATH
	1810 DUE TO	BRONCHOPNE	UHONIA			
	Canditions, if any, which gove (b)				7.000	
	stating the underlying cause DUE TO	CARCINOMA	MAICY 110	1 BI ADDE	2	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI					19. WAS AUTOPSY
5	TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRI	BOTING TO DEATH BUT NOT KEERIED TO	THE TERMINAL DISEASE COND	STITUTE OFFER IN FAKT T(U)		PERFORMED?
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I ar Part II af item 18.)		7.5 100
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19		CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	21. I certify that (I) (this hospitol	ottended the deceased fram.	3-11, 19	67 to 5- 8	, 1967.	that (I) (we) la
	saw the deceased alive an 5-	8 19.67, and that	t death occurred at/	M, fram causes	_	
	220. SIGNATURE	M.C	D. PHYS. LX D	AED. STAFF DIRECTOR PHYS.	22b. DATE SI	
	22c. PHYSICIAN'S NAME (Type) DOMINGO	C. SORONGON M	22d. ADDRESS 3 S	15 HOLLIN		/
230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City of Tox	wn) (Cou	nty) (Stote)
	Burial 5/12/67	Western Ceme		Baltimore,		
	. FUNERAL DIRECTOR Howard H. Hubbard	4107 Wilkens Ave	21220 REC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNA	
1	Howard H. Hubbard	410/ WIIKERS AVE	· ZIZZP DATEMAI	1 1 196/ /	Marcy	Jung

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the f director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours afti Poge 4 may be retoined by the hospital or ottending physician.

VR A15 (4) 25M 1/67

and the return of the latest nia jes un sil . Plan sil en sil en sil en 3.0.3 AND 173 .42 12.3 THE RULE THE STATE OF THE STATE

Mark 1 YAM of the level specified feet of the later and the second

STATE DEPARTMENT OF HEALTH BALTIMORE J, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If Institution, Residence admission is necessary, I director. Page for your files. e. COUNT e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if policies corporate limits, with RUCAL and propreerest town) c. LENGTH OF STAY IN 16 for your State Board e. IS RESIDENCE ON A PARM may be retained 2 with the State I YES TO NO rould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the furm Office along with form PM3. Page 5 may be retaine buriel-transit permit. File pages 1 and 2 with the State moval, and in any event within 72 hours after death. NAME OF Day Year DECEASED OF (Type or print) DEATH 19 8. DATE AGE (In years) UNDER 1 YEAR IF UNDER 24 Hours WIDOWED [DIVORCED 10b. ACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Vetters Olive Payne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if eny, which (6) "pending" geve rise to Immediate cause 10 Medical Examiner's (e), stating the underlying se pesn eq 0 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E: O FUNERAL DIRECTOR: Page 3 should be 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter-neture of Injury In Part I or Pert II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm. . . 20f., (City or town) (County) (Stale) fectory, street, office bldg., etc.) 2 While Not White et work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion designated agent, death resulted from Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT_MEDICAL EXAMINER SIGNATURE M.D. O DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ils REMOVAL (Specify) Burial Baltimore Cem. Balto., Md. 6 OI 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Leonard J. Ruck Inc. Balto., Md. 5M 7/59

C. C. PILOMERANT THROTEGICS SURVEY WOUTH CONTROL OF THE PROPERTY OF A CONTROL OF THE AND The Lave John Vetters . M. . . od Lad THE TANK THE loomen d. twek lar. Belto., 16.

06448

CERTIFICATE OF DEATH

0011			out the total	12 0. 52/1111				11	DOG:	3.4
PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE	E (Where deceas	sed lived, if institu	ition: Residence	e befare	admissio	on)
d. COUNTY	Baltimor	e	MARYLAND	o. STATE Mary	yland	D. (O(Bal	time	ore	
b. CITY OR TOWN (If outside corporate limits, d give nearest tawn)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside carpara	ite limits, write Rl	JRAL and give	nearest	town)	
WITTE KOKAL GIT	Anneslie			Anne	eslie		0	13.1		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, gi	ve street address)	d. STREET ADDRESS	W. Jan			0	ON A F	
	608 Wind	моод.	Road	608	Windw	ood Rd	•	Y		NO K
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mor	ith	Day	Ye	01
(Type or print)	Leonette	Hog	an Voelker		DEATH		May	10,	19 €	67
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1		IF UNDER	
Female	White W	VIDOWED	DIVORCED 🔀	April 1:	1,1903	last birthday) 64 yrs.	Months	Doys	nours	Min.
10a. USUAL OCCUPATION	(Give kind af work done		D OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & State, or fa	reign country)		IZEN OF	WHAT	
during mast of working Personn	el Officer	Bal	to. Life I	ns. Co.	Maryl	and	J.	UNTRY?	Α.	
13. FATHER'S NAME	4			14. MOTHER'S MAIDE	N NAME					
J	ames A. Hog	an		Ceceli	ia Hof	fman				
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO. 1	7. INFORMANT		Add	ress			
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	CAUSE OF DEATH MEDICAL EXAMINER)									
3 20c. TIME OF INJ	URY Manth, Day, Year	20d. IN		PLACE OF INJURY (Hame, f		(City ar town)	(Cou	inty)		(State)
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	eceased alive on		19.6.7, and t	hat death accurred	at P. N	I, fram Guses	and on th	ne date	stated	d abave
22a. SIGNATURE	nt 1	1	-	ATTENDING	/ MFD	STAFF -	22b. DA	TE SIGNE	0, 10	21-
Cons	elu-h.	De	Hum	M.D. PHYS.	DIRECTOR	PHYS. L	Ma	my 1	1,17	61
22c. PHYSICIAN'S NAME (Type		ton	Sexton	22d. ADDRESS	819 P	ark Av	e. Ba	Ito	., 1	Md.
23a. 8URIAL, CREMATIO		F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LC	CATION (City or T	awn)	(County)	(5	State)
PERSTANDE	5-12-6	7	Parkw		Ba	ltimor	e, Ma	ryl	and	
24. FUNERAL DIRECTO	OR	7.7	ADDRESS	2So. R	EC'D BY REGISTI		EGISTRAR'S SI	_	E	
6500 Van	-Wiedefeld	Home	, inc.	DATEM	AY 12	1967	Charl	By St	ender	2
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Baltimore,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefal director, page 3 should be detached for use as the burial-transit permit. Then please removeber on papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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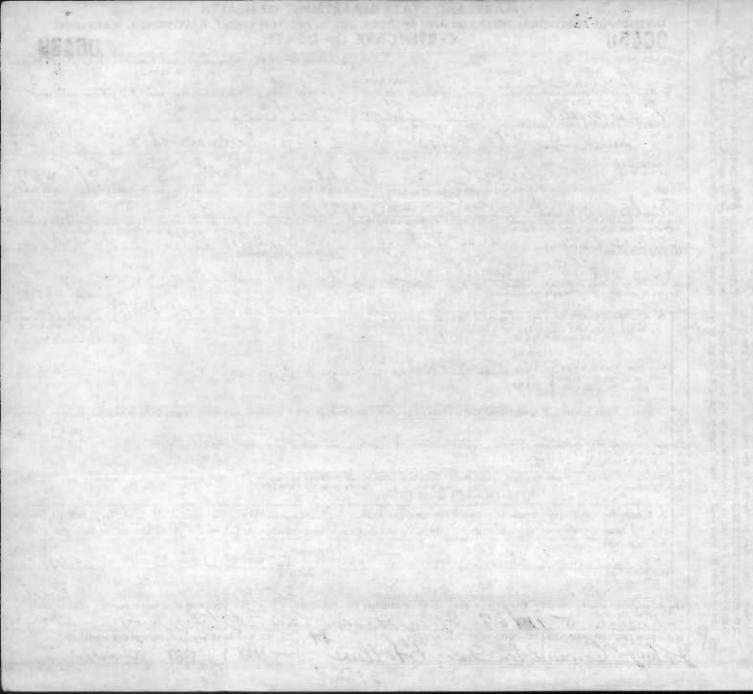
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PHYSICIAN'S NAME (Type) Dr. Reynaldo Orjuela—Gomez PROSTATION OF CEMETERY OR CREMATORY DEATH AND STANDARD OF CEMETERY OR CREM	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Onditions, if ony, which gave se to immediate cause (a), ating the underlying cause (b) DUE TO (c) ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Renal Cell Carcinoma Ob. ACCIDENT WAS UNDERLYING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER; Oc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 205. DESCRIBE HOW INJURY OCCURRED While catwork of the terminal disease condition given in Part I or Port II of item 18.) 21. I certify that Attris hospitol) ottended the deceased from April 27, 1967, to May 6 sow the deceased ove on May 6 1967, and that death occurred of 10:20 portrom causes 220. SIGNATURE 221. 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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerest town) write RURAL and give nearest town) 5 6 days Pages d-NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Ped d. STREET ADDRESS e. IS RESIDENCE papers. Page in 72 hours a ON A FARM? YES NO and completely NAME OF 4. DATE Middle Month Dey Year DECEASED OF (Type or print) DEATH 19 6 carbon 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. WIDOWED DIVORCED E 10e. USUAL OCCUPATION (Give kind of work remov 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physicil dona,during most of working life, even if retired) ass ower 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAMI and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 98 0 PERFORMED? NO D use prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While ŏ at work et work DIRECTOR: Dept. 8 3 - 196 9 .-..., 196.7, that (I) (we) last to ... 5 21. I certify that (I) (this hospital) attended the deceased from..... State D 19 and that death occurred at 2.2 from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 PHYS. M.D. HOSPITAL page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed , NAME OF CEMETERY OR 23e. BURIAL, CREMATION, 23b. 23c. 23d. LQCATION (City, town REMAVAL (Specify) る一点 Lem. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL** DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63



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CERTIFICATE OF DEATH

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signed by the attending p buriol-transit permit. The buriol, cremotion, or remo		1B. CAUSE OF DI	EATH (Enter only one cou TH WAS CAUSED BY:			ADAMETON			227	INTERVAL BET	
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売る芸	R	20o. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or P	ort II of item 1B.)			
red ert	- 1	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
is or	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor			PLACE OF INJURY (Home,		(City or town)	(County)	((State)
	ME	Hour o.r	10	While of work		foctory, street, office bldg.	etc.)				
After this certified be detoched for state Dept. of the			11.		ded the deceased fram	May 20	10.67	to May 22	1067	that //\ /:	L Cour
d d			eceased alive an	MAY 22	2. 10 67 and t	hat death accurred	45 a.	M, fram causes			
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3 st wit		220. SIGNATURE	1 (0)	10/	MM)	ATTENDING -	MED.	STAFF E	1	22/67	
ed ed			toward ,	Ugan	4/11	M.D. PHYS. L	J DIRECTOR	☐ PHYS. Ł	1 116	-2/01	
1 00 d		22c. PHYSICIAN'S NAME (Type)	HOLADO	Y IZTOAR	TO M CETT	22d. ADDRESS	DM UALL	ADD MADV	T A RITTO		
d b			HOWARD (C. KRAN	ER, M. D.	VAII FO	VI UOM	ARD, MARY	FHIND		
5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL, CREMATIC	ON, 23b. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City or To	wn) (Cou	nty) (S	tote)
5 g g g		REMOVAL (Specify	5-34	-67	BALTIMORE N	ATIONAL	BAL	TIMORE, M	ARYLAND		
= 130	24	. FUNERAL DIRECTO		1	ELROY O WILS			TRAR 25b. RE	GISTRAR'S SIGNA	TURE	
R A15 (4) 5M 1/67					ELROY O WILS	ON FUNERAL	REC'D BY REGIS	1967 /	Marles	Judg	L
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06452 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 129 Days Fort Howard Baltimore e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 2925 E. Baltimore Street YES NO T Veterans Administration Hospital 4. DATE Doy 3 NAME OF Lost Year DECEASED WALTON 28 19 67 WILLIAM **JOHN** MAY DEATH (Type or print) AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED XX **NEVER MARRIED** last birthdoy) Months Doys Hours 9/5/91 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired)

Machine Nail Helper Steel Steel Baltimore County, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Florence Fuller William T. Walton 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Clin. Rec. VA Hospital, Fort Howard, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY AN TO DAYS PNEUMONIA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove DIABETES MELLITUS YEARS rise to immediate cause (o). DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T PHERAL VASCULAR INSUFFICIENCY 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour 'o.m. foctory, street, office bldg., etc.) 21. I certify that (this haspital) attended the deceased from January 19, 1967, to May 28 , 19.67, that 30k (we) last saw the deceased alive on May 28 1967, and that death occurred at 5:50AM fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE 5/28/67 DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND JOHN W. PAYNE, M.D. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) 24. FUNERAL DIRECTOR J.A. Moran Funeral Home Baltimore, Maryland

executed within 24 haurs after death requires that the death certificate OR ATTENDING PHYSICIAN: be retained by the haspital

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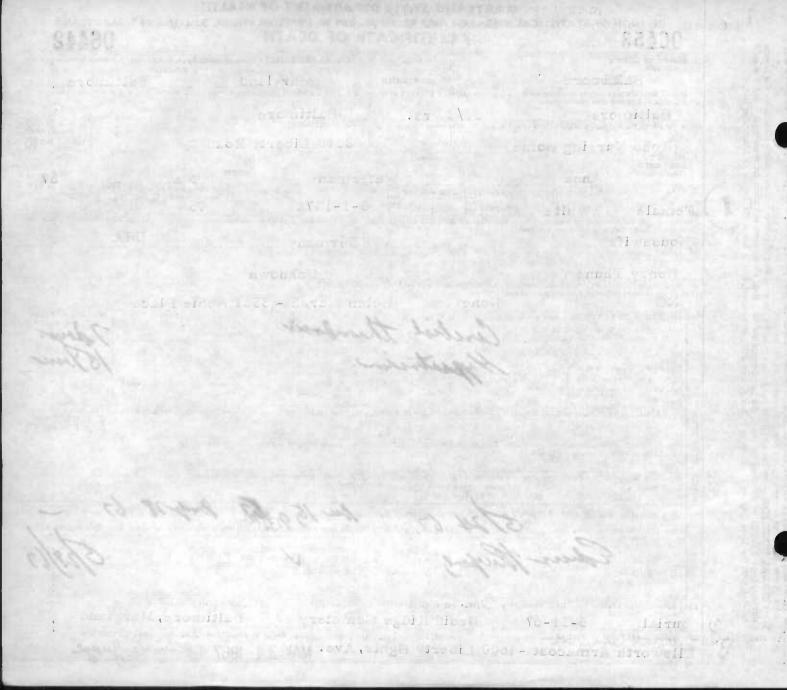
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06453 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY - STATE by the Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) P write RURAL and give nearest town) ST 12 Baltimore Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8310 Liberty Road Robb Nursing Home YES NO X completely papers. NAME OF 4. DATE Month Yeer Middle DECEASED (Type or print) DEATH 19 67 Waterman Anna May carbon NATE OF 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months 3-1-1872 95 yrs. WIDOWED X DIVORCED Female White physician гетоме 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any USA Housewife Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME guip Henry Thune Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Helen Marsh - 3521 Abbie Place None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), rebest thumbosis by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: at work at work 21. I certify that (I) (this hospital) the deceased from saw the deceased 22a. SIGNATURE ATTENDING STAFF leath. Page 4 director, page the filed with the PHYS, DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Druid Ridge Cemetery Baltimore, Maryland 5-31-67 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Isworth Armacost -4600 Liberty Hghts, Ave.

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 none after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
06454	CERTIFICATE OF DEATH	DEAL

		00220					
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution, Re	esidence before edmission)					
• COUNTY Baltimore MARYLAND	a. STATE Md. b. COUNTY Bo	iltimore					
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)					
Luthenville	Lutherville	2.1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE					
Burwood (t.	Burwood (t.	YES NO					
3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer					
(Type or print) James Griffis	Watkins OF DEATH May	6, 1967					
	. DATE OF BIRTH 9. AGE (in years IF UNDER 1)						
Male White WIDOWED DIVORCED J	ano 1, 1919 (pat)birthday) Months D	eys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work dependuring most of workten life group if policed)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?					
dong during most of working life, even if policed on the source of working life, even if the sou	Smithville, Va.	USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James R. Watkins	Mattie Griffis						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
(Yes, ng, or unkown) (If yes give wer or detes of service) 217-07-7916 Mrs	. Lavinia D. Watkins Lutherville	Le, Md.					
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	1 1	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma	of lung	6 MARTHA					
170X DUE TO							
Conditions, if eny, which (b)							
geve rise to immediate ceuse							
(e), steting the underlying DUE TO							
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?					
		YES NO W					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER	D. (Enter nature of injury in Part I or Pert II of item 18.)						
ZOc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (Coun	ty) (Stete)					
	ory, street, office bldg., etc.)						
	2/3 10/0 11/6 10/6	7 11 11 (1) (1) 1					
21. I certify that (I) (this hospital) attended the deceased from		/					
	death occurred at // from the causes and on the						
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE					
memor my	anne Daniel Daniel Daniel	5/6/67					
22c. PHYSICIAN'S NAME (Type) Milton B. Kirsh, M.D.	22d. ADDRESS 4000 W. Northern Parkway - Ba	altimore. Md.					
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Common Respective May 9, 1967 Druid Ridge (or crematory 23d. LOCATION (City, town or county) emetery Pikesville, Md.	(Stete)					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, aREC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE							
J. F. Eline & Sons Reisterstown, Md.	DATE MAY 9 1967 Scharl						
		-17 -17					

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D. CITY OF Write B. Write

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages Trand 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth Poge 4 may be retained by the haspital ar ottending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06455			CERI	IFICALE	OF DEATH			OF	644		
1	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceose			e before o	dmission)	
	o. COUNTY B	altimore		N	MARYLAND	o. STATE Ma	ryland	b. COU		alto.		
	b. CITY OR TOWN (If outside corporate limit give nearest town)	ts,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If ou	tside corporot	e limits, write RU	RAL ond give	neorest to	own)	
	WITTE KOKAL OIL	altimore				Be:	trimer	R	-	2.1		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM?	
	2915 Ohio Ave. 21227					2915 Ohio	7		NO NO			
3	NAME OF	F	irst	Middle		Lost	4. DATE	Mon	th	Doy	Year	
	(Type or print)	Geo	rge	W.		Westphal	OF DEATH	Ma	ay	20	19 67	
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED X	8. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months 1		UNDER 24 HRS.	
	Male	White	WIDOWED	DIVO	RCED	6/15/05		61 Yrs.	months	Doys H	Hours Min.	
1	Da. USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS O	R	11. BIRTHPLACE (County 8	& State, or fore	eign country)		IZEN OF WI	HAT	
Ľ	uring most of working Paper C	utter	Eic	okeberg	Co.	Marylan	d			MIKIT	USA	
1	3. FATHER'S NAME				The state of	14. MOTHER'S MAIDEN N	IAME					
		Westphal				Nell:	ie Bra	ndt				
	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes) WW II	of service)	SOCIAL SECURITY N	0. 17. 1	'. INFORMANT Address						
L	Yes	WW II	2	214-03-20	55	Mr. Wilbur	L. Po	1k 291	5 Ohio	Ave.	2 1 227	
	18. CAUSE OF DI	EATH (Enter only one co	use per line for	(o), (b), ond (c).)	70.10	40 21 July 1	0	6			AL BETWEEN	
	PAKI I. DEA	PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) are constant of the constant										
1	401	DUE	TO	101	2 17	611						
	Conditions, if ony		(b)	+ 10. C	· V .	~						
	stoting the underlying couse DUE IO											
	last. (t)											
20	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT	RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN	I IN PART 1(o)		19. WA	AS AUTOPSY RFORMED?	
CATI										YES [NO 🗌	
CEDTIENCATION	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. Di	ESCRIBE HOW INJUR	/ OCCURRED.	(Enter noture of injury in F	Port I or Port	II of item 18.)				
		MEDICAL EXAMINER)	1 001 1	NAME OF COMPANY	I as		Loor	10:	- 10			
MEDICAL	2 20c. TIME OF INJU		While	NJURY OCCURRED Not While		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		(City or town)	(Cou	nty)	(Stote)	
1	p.r	n. 19	of wor	k ot work		1.62	100/	-		~		
		fy that (I) (this has		7			900 ta		7, 196		(I) (we) last	
	22o. SIGNATURE	ceased alive an_	7	196	and that	t death accurred at	or M,	fram causes		TE SIGNED	tated abave.	
Т	220. SIGNATURE	to - true	-lox	1 . 1	lemo		MED. DIRECTOR	STAFF		22	1	
	22c. PHYSICIAN'S	John M	ance	- Con	- Coll	22d. ADDRESS	DIRECTOR L	PHYS	7 7 .	CH4 6	-/-	
	NAME (Type)	Justin l	Kudirka			2151 Will	kens A	ve.				
2	30. BURIAL, CREMATIC	DN, 23b. DATE TH	EREOF	23c. NAME OF C	EMETERY OR	CREMATORY	23d. 100	ATION (City or To	wn)	(County)	(Stote)	
	REMOVAL (Specify Burial					Cemetery		timore,			(5,5,5)	
7	24. FUNERAL DIRECTO		7.07	ADDRESS	ITUIK	2So. REC'D	BY REGISTRA	R 25b	BISTRAR'S		Loc	
	Howard 1	H. Hubbard	4107	Wilkens	Ave.	21229 MAY	2 3 19	167 /	uares	June C	7	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06456 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. Baltimore b. COUNTY o. Si Maryland Baltimore MARYIAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills 45yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rte 2 Deer Bark Road Box 337 Rt 2 Deer Park Road YES NO DE NAME OF Middle OATE Cecelia White **OECEASEO** May 18 1967 (Type or print) **OEATH** IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIEO loster andoy) Feb. 24, 1888 Months Female White WIDOWED X DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?U.S.A during most of working life, even if retired)

Owner-Florist INDUSTRY Chicago | LL Florist Business 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (unknown) Hattie Whitley IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Box 384resRt 2 Deer Pk Rd. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 217-32-9782 Owings Mills Md. Mrs. Frieda Meginnis 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 2Do. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While 1962 to may 18 21. I certify that (1) (this haspital) attended the deceased fram. 1967, and that death occurred at 330 M, fram causes and an the date stated above saw the deceased alive an may 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.O. PHYS DIRECTOR 22d. 22c. PHYSICIAN'S Dr. John J. Darrell Liberty Road Randallstown, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Druid Ridge Cemetery Pikesville 5/22/67 2So. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

within 24 hours after death

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

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TO FUNERAL DIRECTOR:

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CERTIFICATE OF DEATH

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			00220
I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE b. COUNTY	ence before admission)
BALTIMORE	MARYLAND	MARYLAND	
b. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate limits, write RURAL and gi	ve neorest town)
FORT HOWARD	15 DAYS	BALTIMORE	30.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION F	OSPITAL	930 BROOKS LANE	YES NO K
3. NAME OF First DECEASED	Middle	Lost 4. DATE Month	Doy Year
(Type or print) VERNON	ANTHONY	WHITTINGTON DEATH MAY	27 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDE) Igst birthday) Months	P 1 YEAR IF UNDER 24 HRS. Days Hours Min.
MALE NEGRO WIDOWEL	DIVORCED	AUGUST 27, 1920 46 Yrs.	Duys Hours Min.
	KIND OF BUSINESS OR		ITIZEN OF WHAT OUNTRY?
	INDUSTRY IN PAPERS		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES WHITTINGTON		MARY WHITTINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na_or unknown) (If yes give wor or dotes of service)	. SOCIAL SECURITY NO. 17.	INFORMANT Address	
YES WW-11 21	6 12 23 54 C	LIN. REC., VAH, FT. HOWARD, MA	RYLAND
18. CAUSE OF DEATH (Enter only one couse per line for			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARDIAC FAILURE		YEARS DEATH
4344 DUE TO			
Canditians, if any, which gove) (b) CAR	DIAC DISEASE,	UNKNOWN ETIOLOGY	YEARS
rise to immediate couse (a). stoting the underlying couse DUE TO			
last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO			YES NO
	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Port II af item 1B.)	
20c. TIME OF INJURY Month, Day, Yeor 20d.			aunty) (State)
Haur a.m. Whi		tory, street, office bldg., etc.)	
21. I certify that (A) (this haspital) atte	nded the deceased fram	May 12 1967, to May 27, 19	67, that (M (we) las
saw the deceased alive an May 27,	. 1967, and the	t death occurred op. M, fram causes and an	the date stated above
22a. SIGNATURE	1 Days		DATE SIGNED
join palles	///Mmls	PHYS. L DIRECTOR L PHYS. LA 5/	28/67
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	5 Page
NAME (1799) JOHN WALTER PAY		VAH, FORT HOWARD, MARYLA	IND
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR Baltimore Na		(County) (Stote)
Burial 2-5/-6/		20020200203	
24. FUNERAL DIRECTOR	1701 Laurens S	Street 250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
Morton & Dyett Funeral Home	Raltimone Man	DATMAY 31 1967 July	as free free
A STATE OF THE LIES	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	A rand	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. Page 4 moy be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

CARDIAC DISTASE, UNDORNA BILCIPOL

JOHN WALTER PATER, M. C. VAH, FORT ROTURD, M. EVILLED

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72/02/2 X

Bultimore Notional Cemetery Bultimore, Muryland

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breight agentifier and there are

ping TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death cuted Within 24

VR A15 (4)

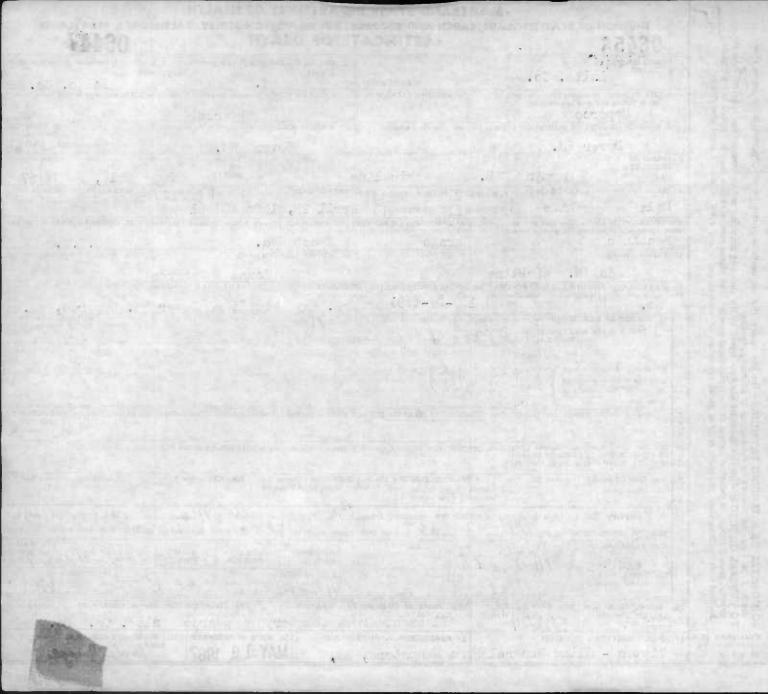
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OCLECTIFICATE OF DEATH

OCLECTIFICATE OF DEATH

0030		OUXX.							
1. PLACE OF DE		2. USUAL RESIDENCE (Where decased lived, If institution: Residence before edmission)							
	Balto. Co.		MARYLAND	a. STATE	Md.		b. COUN	200 00	to. Co.
b. CITY OR TOW write RURAL	N (if outside corporate limits and give naarast town)	5,	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If	outside corpo	orate limits, write	RURAL end give	nearest town)
77	perco					Upperd	0.0		03,1
d. NAME OF HO	SPITAL OR INSTITUTION (IF	not In hosp	ital, give straet addrass)	d. STREET AD		e. IS RESIDENCE ON A FARM?			
Do	over Rd.			D	over	Rd.			YES NO
3. NAME OF DECEASED	First		Middla	Last		4. DATE	Month) Day	The same of the sa
(Type or print)	Herman	B.	Wicklin	ne		OF DEATH	May	18.	19 67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	-	9.	AGE (In years	IF UNDER 1 YEAR	
Male	White	WIDOWED		April 29,	190	06	last birthday)	Months Days	Hours Min.
10a. USUAL OCCU	PATION (Give kind of work	10b. KIN	ND OF BUSINESS OR INDUST		-		-	12. CITIZEN	OF WHAT COUNTRY?
Mechani o	working life, evan if retirad		arage	West	Va.			IT	C A
13. FATHER'S NAM			ar ago	14. MOTHER'S M.		IAME		- 0,	S.A.
Jame	s W. Wickli	ine			To	2020	T)		
	EVER IN U.S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	Le	nna	Dameron		
(Yas, no, or unkown	(If yes give war or dates of se	rvice)	39-09-6639		T 72 -	1.77			
	F DEATH [Enter only one	1949	, -,,	Mrs. May	MTC	kline	Dover	Rd. Uppe	TCO, Md.
	EATH WAS CAUSED BY:	-12	(c), (c), and (c).	· (6)	,				NSET AND DEATH
110	IMMEDIATE CAUSE (a)_	100	ropogene	e care	me	my			1 years
1601	DUE TO	9	0						71
Conditions, if		cn	physerad		Pan				
(a), stating the		(0	
cause fast.) (c)_								
PART II. OT	THER SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMIN	AL DISEASE O	ONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
3									YES NO X
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of in	njury in	Part I or Pert	ll of itam 18.)		
20c. TIME OF I				ACE OF INJURY (Hom		20f. (City	or town)	(County)	(Stete)
Hour a.	m. m. 19	While at work	Not While tac	ctory, streat, office bld	ig., etc.)				
		al) attend	ed the deceased from.	February	4 1	960 10	Man 1	8 1067	that (1) (wa) last
	m.	- 17	17			1	the chiese	1	that (I) (we) last ate stated above.
226) SIGNATU		7	19	death occurred	ar., 1/.		tile danses e	and on me de	22b. DATE
10/	SINC	1 11	1. "	ATTENDING PHYS.		ED.	STAFF PHYS.	6	10-/ SIGNED
22c. PHYSICIAI	N'S) ell	lowa 1	A.D. PHYS. L.		KECTOK _	1 1113.	7. 3-	116
NAME (T				119,46	with	ation	RI K	attento	m
23a. BURIAL, CREM	ATION, 235. DATE THERE	OF I	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOC/	TION (Othy to)	wn or county)	/ (Stete)
REMOVAL ISPON			Pleasant Gr		זיינר	Uppe		lto. Co.	Mdwat
24 FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS					GISTRAR'S SIGNA	
		al Ho	me Hampstead,		VAM	9 9 10	67 20	Land of	
2250011	Tario Lanci	GE 110	in manps tead,	Md. Di	485./ 1	a 0 13	011	The same	
								100	THE RESERVE AND ADDRESS OF THE PARTY OF THE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06453 CERTIFICATE OF DEATH within 24 hours ofter death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. CITY OR TOWN (If outside corporate limits, MARYLAND Pages by the c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 72 hours 2 days Baltimore - md. 21230 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE filled in d. STREET ADDRESS papers. ON A FARM? 14 Pata NO L Ę NAME OF DATE Doy corbon Lost Year completely DECEASED OF. idmer May 19 (Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Doys Hours any WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Retired COUNTRY? INDUSTRY physician puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Burch Gertrude 16. SOCIAL SECURITY NO B 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 0 hart aura Widmer-1214Patans 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN the ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) þ DUE TO signed l burial, Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse Heolth prior to hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USe NO X TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INSURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While ot work 21. I certify that (1) (this haspital) attended the deceased from 4. M. fram causes and on the date stated above. saw the deceased alive an and that death accurred of 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOŚPITAL NAME (Type) OLO SON 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)

ADDRESS

Krause Funeral Home 1216 S/Charles St.

Washington

REGISTRAR

2So. REC'D BY

Blvd.

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Missispinicantiles - 28326 WELD! Colombia and many many and and the way Ballmark 2 - 2 - 12 Bolance - 216 81226 Greater South Medical Contra Part larges Street Groupes to Widness in may an all Male white 13-28-98 69 Reformation with the ten outfale. New york wis-Goorge Widows! Burch Le The man Park Chart I was a second of METASTATIC CA. PECTUM ALX34740 12 16/5 th tall to balls EVELYN L. PHMOS, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

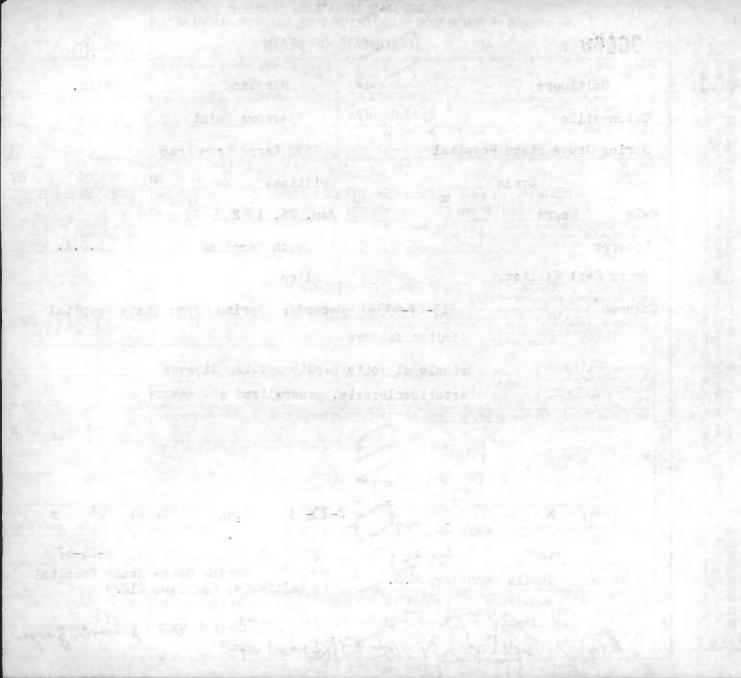
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the st

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VR A15 (4) 25M 1/67

	00406	j		CEKTIFI	CAIL	OF DEATH			070	130		
	PLACE OF DEATH					2. USUAL RESIDENCE (W	Vhere deceo	sed lived, if instit b. CO		ce before	e odmissio	n)
	Bal	timore		MARY	LAND	Maryl	and	B. CO		lto.		
	b. CITY OR TOWN (I	If outside corporate limits,		c. LENGTH OF STAY IN	v 1b	c. CITY OR TOWN (If out		ote limits, write R				
		give neorest town)		4yr3mth4	dys	Sparrow				03	3.1	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospitol, gi	ive street oddress)		d. STREET ADDRESS					e. IS RESID ON A FA	
		rove State	Hospit	al		2822 Larg	e Far	m Road				NO [
3.	NAME OF DECEASED	First	,As	Middle		Lost	4. DATE	Mo	nth	Doy	Yea	ir .
	(Type or print)	Cyrus				Williams	OF DEATH	Ma	У	24	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8	. DATE OF BIRTH	9	AGE (In years		1 YEAR	IF UNDER	
1	fale	Negro	WIDOWED	DIVORCED		Jan. 26. 18	92	lost birthdoy) 75 yrs.	Months	Doys	Hours	Min.
1Do	. USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (County 8			12. CI	TIZEN OF	WHAT	_
dur	ing most of working	life, even if retired)	IND	DUSTRY						UNTRY?		
13	Laborer FATHER'S NAME					South Ca		<u>a</u>		U.S.	Α.	
		was trickly for					AMILL.					
15		rl Williams RINUS. ARMED FORCES?	2 41	OCIAL SECURITY NO.	1 17 11	Alice NFORMANT		A.J.	dress			
(Y€	s, no, or unknown)	(If yes give wor or dotes of s	ervice)									
-	Jnknown		the state of the s	13-07-6389	R	ecords: Sp	ring	Grove St	tate He	ospi	tal	
	18. CAUSE OF DE	ATH (Enter only one couse H WAS CAUSED BY:							TO UNIT		ERVAL BETY	
	PAKI I. DEAI	IMMEDIATE CAUSE (o'	Car	rdiac fail	ure					UNS	SET AND DI	EATH
	H 2 21	DUE TO										
	Conditions, if ony,		Art	eriosclero	tic	cardiovascul	lar di	isease				
	rise to immediate stating the under)									
Z	lost.	(c)	Ar	terioscler	osis	, generalize	ed and	severe				
	PART II. OTHER SIG	GNIFICANT CONDITIONS CON		D DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)		19.	WAS AUTO	PSY
I ON						TE TERMINATE DIDENSE CON					PERFORME	ED?
CAT	OD- ACCIDENT WAS	HINDERLYING ET	Topi pro	COURT HOW MILLIAN OC	CHDDCD /	F	2 . 1 . 2	. 11 . 10 . 10 .		YE	2	NO X
CERTIF	2Do. ACCIDENT WAS OR CONTRIBUTING (IF FITHER NOTIFY)		ZUB. DES	CKIRE HOW INJURY OF	LUKKED. (I	Enter noture of injury in P	off I or Por	1 II of item 18.)				
2	2Dc. TIME OF INJU	JRY Month, Doy, Yeor	2Dd. IN.	JURY OCCURRED	2De. PLAC	E OF INJURY (Home, form,	20f.	(City or town)	(Co	unty)	(5	Stote)
MED	Hour 'o.m p.m	n.	While at work	Not While		ry, street, office bldg., etc.)		(11	,	
	21. I certif	y that (X) (this hospi	tal) attend	ed the deceased f	ram_2	-20-63 If	1:20	o May	24, 196	7, th	at (the (v	ve) la:
				21, 1967, 0	nd that	death accurred at_	N	1, from cause:				
	22o. SIGNATURE	0	11	1 0			P.		22b. D/	ATE SIGNE	ED	
	E'TEST	Stella	Wall	erlers	M.D.		MED. DIRECTOR	PHYS. [J 5-	-24-6	67	
	22c. PHYSICIAN'S	G1 77 T	T , 7	37 D		22d. ADDRESS	Sprin	g Grove	State	Hog	nitel	
	NAME (Type)	Stella V	vachsl	or, M.D.		Baltimo				1100	prod	-
23a	BURIAL, CREMATIO	N, 23b. DATE THERE	OF P	23c. NAME OF CEME	FRY OR (A 23d 10	CATION (City of	own) /	(County)	(St	tote)
	REMOVAL (Specify)	nw2	9/67	hit (la	022	rel Cando	w. C	RUH	m	17		,
24	FUNERAL DIRECTOR	A A	10.	ADDRESS	ZV CX	250. R2C	STREGILTE	A 1997	REG RANGE	GHANR	E 0	
1	Pakin	19-14-0	lian	1/77/	77	612	3/7/	9/9	-	, ,	Jus	1
11	11 11-11	1 // 1/2 / /		V//////	Do. I	I I SHOPE A ARREST LAND	P IV IA	// 61			-	



death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the idirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Thomas #11 & 12 #4 Tm #6380 5 723 /67 70	110000
1. PLACE OF DEATH e. COUNTY D. COUNTY O. STATE D. COUNTY	Residence before admission)
12 HII MONE MITTY MARYLAND MARYLAND	- Bolto Co
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	L and give nearest town)
Towson 404-ns Towson	03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
REATER BAITIMON & Medical Cellen 6531 Corkley Road 6	YES ND N
3. NAME OF DECEASED (Type or print) William FRED Brock WISSE! 4. DATE Month DF DEATH MAY	15 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDE) last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
MICHE WIDOWED DIVORCED 0/-05-0/ 59 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. (COUNTRY? USA
STER O PERATON GEOWNCONT & SONCOND. WHIKIND WIN Md. WIN	IKINEKIN
13. FATHER'S NAME	
William Frederick WISSELL WIEGAND Catheri	ne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give war or dates of service)	Dood
No 213-01-6707 Mrs Evelyn B. Wissel 6531 Corkle	y noad
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wide spread tumo wetatuses	
1538 DUE TO COMP and And	
conditions, if any, which gave rise to immediate (b) Carcinoma of Color	
cause (a), stating the DUE TO	CELL WORLD
underlying cause last.) (c)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20a. ACCIDENT WAS UNDERLYING	8.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	ounty) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 20d. INJURY OCCURRED At While at work 20d. INJURY OCCURRED AT wo	
	67, that (I) (we) last
saw the deceased alive on 1967, and that death occurred at 224M, from the causes and on	
22a. SIGNATURE 22b.	DATE SIGNED
Robert W. Auth M.D. PHYS. DIRECTOR PHYS. D	-15-67
22c. PHYSICIAN'S NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	343
Burial 5-18-1967 Zion Cemetery Baltimore Co.	
24. FUNERAL DIRECTOR ADDRESS 34 25a. REC'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
Lassahndunia Home 740/ Belan Road MAY 1 7 1987 Minles	Judge

VR AIS (4) 2DM 1/65 21110 - C Lindon Carlos TOTAL STATE OF THE The second secon The way the second of the second Andrews Control of the Control of th and well the first break a mesonal and total first to Lo se hour Bo Bloom 20 Selvery Rebert W. Auste 2-15-6

MADVIAND CTATE DEDADTMENT OF HEALTH

		MAKTLA	JINIC UN	DEFA	KIIMEMI	JE HEAL	.In		
Divisian	of STATISTICAL	RESEARCH AN	D RECORDS,	301 V	V. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
0		T PROPERTY.	CEDTIEICA	TE A	DE DEAT	TLI			100

0041	26		CLKIIIICAI	L OI DEATH			110	96 年6		
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed			before odmissi	ion)	
o. COUNTY Baltimore		more	MARYLAND	o. STATE b. COUNTY						
b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
write RURAL and give nearest town)							21221	A .	2	
d. NAME OF HOSP	PITAL OR INSTITUTION (If r	not in hospital.	give street oddress)	d. STREET ADDRESS	altimore			e. IS RESI	DENCI	
	t.Joseph Ho		g.,,, ,		7 Myrth	Arrenne		ON A F	FARM?	
. NAME OF		First	Middle		4. DATE	Month			NO	
DECEASED	An		Marie	Lost	OF		1		ear	
(Type or print) . SEX	6. COLOR OR RACE	7. MARRIED		Wolf B. DATE OF BIRTH	DEATH	May AGE (In yeors	IF UNDER 1 Y		67	
			NEVER MARRIED			lost birthdoy)		oys Hours	M	
Female	White	WIDOWED		1-16-92	261	75 yrs.	10 617171	THE OF SHALLS		
luring most of workin	ON (Give kind of work done ng life, even if retired) maker		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Count	ty & Store, or foreig	in country)		EN OF WHAT		
	naker		Own home	Balti	more, M	d.	V	USA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	TIV SEI			MAR	4 BO	EHM				
S. WAS DECEASED E	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO. 17.	INFORMANT	1,511,553	Addres	S\$			
VNK) (II les dive mot or doles	OI SELAICE)	P HOSP. RECORDS							
	DEATH (Enter only one co	use per line for	(o), (b), ond (c).)					INTERVAL BET	TWEET	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of Esophagus with Metastasis DUE TO DUE TO									ONSET AND DEATH	
	ry, which gove									
rise to immediate couse (o),										
stoting the und	lerlying couse						- 00			
· (V									OPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)										
Hypertensive Cardiovascular disease in Failure. 20a. ACCIDENT WAS UNDERLYÍNG 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)										
20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)										
20c. TIME OF IN	IJURY Month, Doy, Yeor	1		ACE OF INJURY (Home, for ctory, street, office bldg., etc.		City or town)	(Count	Y)	(Stote	
11001	o.m. 19	While of world	Not While of work	ctory, street, office blag., er	(.)			1000		
21. I cer	tify that (I) (this ha		ded the deceased fram_	April 10	19 67, ta	May 3	. 1967	, that (I) (we)	
	deceased alive an_									
22o. SIGNATUR							22b. DATE	SIGNED		
4	CAMERON P.	Vacas	1 a	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	May	May 3.1967		
22c. PHYSICIAN	l'S	10/4	2	22d. ADDRESS			1			
NAME (Typ	e) Ramon	P. Lope	ez M.D.	7620 York	Road- T	lowson 2	1204, N	larylan	d.	
30. BURIAL, CREMAT	TION, 23b. DATE TH	HEREOF.	23c. NAME OF CEMETERY OR	CREMATORY	I 234 10CA	TION (City or Tow	vn) (C	ounty) (S	Stote	
REMOVAL (Speci	fy) -/c	11-	O- P. P.	CKEMPIOKI	R.	Off Town	2	(3	1018)	
24. FUNERAL DIRECT	7	/0/	ADDRESS	250 PFC	D BY REGISTRAR		CICTRAP'S SIGN	NATURE		
	100 1)		DATE	AAY 5	1967	Clian	es jud	ge.	
6-cour	welly to	red	300 meres	DATE	meti D	NOT 9		0 0	/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death

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A THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVICION OF VITAL DECORDE

96465	CERTIFICATE		064	51
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	deceosed lived, if institution: b. COUNTY	Residence before odmission
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) TOWSON	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside Baltimore		ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi Dulaney-Towson Nursing & Co		d street address e 5815 Will	owton Ave	e IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED E D N A First P.	Middle Y	OUNG	DATE Month OF May	Doy Year 7 1967
S. SEX 6. COLOR OR RACE 7. MARRIED [WIDOWED [DATE OF BIRTH eb. 16, 1890.	La Calida A 4	FUNDER 1 YEAR 1F UNDER 24 HRS. Nonths Doys Hours Min.
	ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State Marylan		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Clarence Pentz		14. MOTHER'S MAIDEN NAME	Laura C. 1	Parsons
W 1 1 100 : 1 1 1 1		formant rry A. Young-	Address -5815 Willow	ton Ave14
IB. CAUSE OF DEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO DUE TO	(o), (b), and (c).)	busy of	Repotacis	INTERVAL BETWEEN ONSET AND DEATH
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	/	~ 1 /		19. WAS AUTOPSY PERFORMED?
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINED)	CRIBE HOW INJURY OCCURRED. (EI	nter noture of injury in Port I	Co.	cada TES NO E
	Not While foctor	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this hospital) attends	ed the deceased fram	death accurred at 13	AM, fram causes and	_, 19 <u>67</u> , that (I) (we) las d an the date stated abave
Les Warshy	M.D.	ATTENDING MED. PHYS. DIRECT	TOR STAFF PHYS.	22b. DATE SIGNED 5/8/67
22c. PHYSICIAN'S NAME (Type) Dr. Thomas a. Wo	orsley, Jr.	22d. ADDRESS 2900	AlamedaBa	lto., Md.
230. BURIAL CREMATION, REMOVAL (Specify) burial 5/9/67.	23c. NAME OF CEMETERY OR CR Parkwood Ce ADDRESS		3d. LOCATION (City or Town) Baltimore, Mc REGISTRAR 25b. REGIS	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.

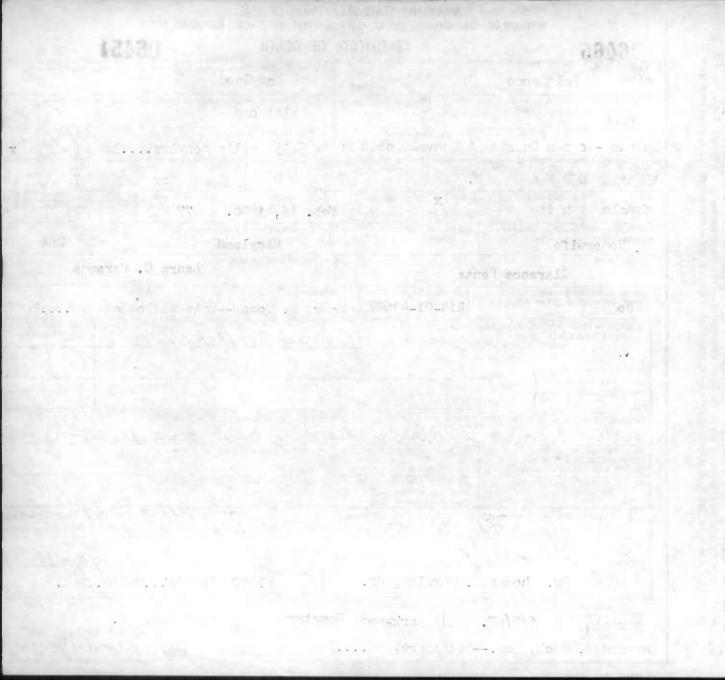
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

Leonard J. Ruck, Inc .-- Baltimore, Md 14

DATE MAY 8

1967



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND APLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) necessary, ector. Page COUNTY SE COUNTY ol director, Page for your files. Department of death. Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS 7464 Berkshire Rd. # 21224 . State be retained 7464 Berkshire Rd # affe 3. NAME OF Middle Month hours to the DECEASED OF JOSE PH (Type or print) ZAMENSKI DEATH with 72 h 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH may b 9. AGE (In years I IF UNDER 1 YEAR lest birthdey) Months Male January 16.1893 WIDOWED A White DIVORCED T 1De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY Give Pages 1, 2, rm PM3, Page 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Electrician Pittsburgh . Pa. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALB Frank Zamenski Stanislawa Jaworowicz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (Ifyesgivewerordelesofservice) Mrs. Gertrude F. Smiley Same. 18. CAUSE OF DEATH [Enter only one cause per line for Office along burial-transit PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) pluods 0 Conditions, if eny, which cremation, "pending" ro gave rise to immediate cause DUF TO as (e), steting the underlying be used cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1011 CERTIFICATION burial, writing the word Chief Medical E plnods 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. LENTER 0 PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. 3 the Chie MEDICAL Month Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, ' 20c. TIME OF INJURY 2Df. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 0 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection Inquiry its designated forwarded death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 105 MainSt. DEPUTY MEDICAL EXAMINER 6 EXAMINER'S Theodore C. Patterson 22d. LOCATION (City, lown, or country) Md.# 21222. NAME (Type) Address (Street, city, town, or county Dundalk please 4 should O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Burial 5829 Ritchie Highway, A. A. Co., Md Cedar Hill Cemetery

VR A15ME

FUNERAL DIRECTOR

901 S. Conkling St. . 21224, Md. Baltimore

24e. REC'D BY REGISTRAR L 24b.

. IS RESIDENCE ON A FARM?

YES NO X

1967.

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO .

(State

and in my opinion

DATE SIGNED

U.S.A.

Table Terrenaine Da. - 2122) TABLE SOURCESTANCE TO SELECT TO THE SELECT T JOESIA A STANSON OF THE PARTY OF THE PARTY OF THE PARTY. Postsod Parotrioion Parotrioion, in. 705-01-3072 the destrade it, whiley have. The state of the s

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LEVEL E LEVEL DESCRIPTION OF SHEET, MAY LE 1967

Design - Minband

Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.

any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of farm the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with necessary, please execute the certificate, writing the ward "pending"

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06464	MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	064	53			
1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)						
o. (OUNTY Balto. MARYLAND				o. STATE Md. b. COUNTY Baltinger						
-	b. CITY OR TOWN (If outside carporote limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)						
write RURAL and give nearest town) Randallstown 8 hrs.				Baltimor			10.1			
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in	ive street oddress)	d. STREET ADDRESS	C 34		e. IS RESIDENCE				
	Chapel Hill Nursing H		,		awread DJ		ON A FARM? YES NO S			
3.	NAME OF First	TOME	Middle	Lost	arwood Rd	Month	Doy Year			
	DECEASED (Type or print) Robert			inger	OF DEATH	May	2 1967			
S.	SEX 6. COLOR OR RACE 7. I	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last bir	yeors IF UNDER	Doys Hours Min.			
_1	Male White w	IDOWED	DIVORCED .	June 30, 189	0 76	Yrs. Monnes	DOYS HOURS MIN.			
100	b. USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)		TIZEN OF WHAT			
	ing most of working life, even if retired) Retired Collector		oustry her Brewery Co	o. Baltimor	e. Md.	II.	UNTRY?			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I						
	George H. Zittinge	r		Caroline	Hauser					
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO. 17.	INFORMANT		Address	. 2/			
(10	es, no, or unknown) (If yes give war ar dates of serv	216	-05-4032 Mr	s. Marie S.	Zittinger.	1517 Cle	erwood Rd.			
-	1B. CAUSE OF DEATH (Enter only one couse pe				,		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Decompensated Arteriosclerotic C-V Disease									
	IMMEDIATE CAUSE (a) Decompensated Arteriosclerotic G-V Disease 12 yrs.									
	Conditions if any which gave)									
	rise to immediate couse (o),									
н	stoting the underlying couse lost.									
	, 17_	DITING T	O DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CON	IDITION CIVEN IN DAD	T 1(a)	19. WAS AUTOPSY			
TION	PERFORMED?									
FICA	Emphysema - Mild Diabetes YES NO 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Port of item 18.)									
L CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH. none	200. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	PORT I OF PORT II OT ITER	n 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year			ACE OF INJURY (Home, form		town) (Cou	unty) (Stote)			
ME	Hour o.m.	While of work		tory, street, office bldg., etc.)						
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion									
	death resulted from: Notural couses \(\omega\), Accident \(\omega\), Suicide \(\omega\), Homicide \(\omega\). Undetermined monner									
	CHIEF MEDICAL EVAMINED									
	SIGNATURE 2. D. Caples M.D. ASSISTANT MEDICAL EXAMINER 22. DATE S									
	EVAMINEDIC			M.D.	L EXAMINER					
	NAME (Type) D. D. Caples,	M. 1	0. 6 Har	over Riders StrRe		n, Md.	5-3-67			
230	BURIAL, CREMATION, 236. DATE THEREOF		23c. NAME OF CEMETERY OR	CREMATORY /	23d. LOCATION (C	ity or Town)	(County) (Stote)			
	REMOVAL (Specify) 5/5/6	7.	LOUDON PAR	K CEMETERY	BAI	timor	E Md.			
7 24	FUNERAL DIRECTOR	0.5	ADDRESS	2So. REC/D	BY REGISTRAR	2Sb. REGISTRAR'S SI				
Le	eonard J. Ruck, Inc., 53	U5 Ha	arrord Rd., Bal	Lto. 14 DATE MA	iy 5 196	1 Juan	Cas Jung			

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